

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MS-503 - Gulf Port/Gulf Coast Regional CoC

1A-2. Collaborative Applicant Name: Open Doors Homeless Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Open Doors Homeless Coalition

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Bankers	Yes	Yes
Community Business leaders	Yes	Yes
United Way	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The CoC meets monthly. A speaker presents, answers questions, and listens to opinions. For example, a member of the business community spoke to the group about recruiting and training persons, including homeless persons, for jobs in the community. Also, a representative from the MS Dept of Mental Health spoke about training local law enforcement in Crisis Intervention Team strategies for persons who may be experiencing a mental health crisis. A monthly networking lunch is served that is open to both members and the broader community to discuss opinions and solutions related to preventing and ending homelessness. It is important for our CoC to gain buy-in and consensus from both members and the community, including our homeless neighbors, in our efforts to achieve the goals of Opening Doors. Our calendar of meetings is posted on the CA's website, www.opendoorshc.org, and a membership application is online. 35-50 people participate monthly in the CoC meetings and workgroups.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

CoC members participate in many community meetings throughout the year and invite community members and our homeless neighbors who are interested in improving community services and ending homelessness to attend the monthly CoC meetings and consider membership. Special outreach to persons experiencing homelessness or persons who have been recently housed occurs at day centers, housewarmings, and during engagement. The CoC's calendar of meetings and a membership application are on the Collaborative Applicant's website. Applications for membership are accepted all through the year.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)

The MS-503 CoC advertised for new proposals as well as renewal proposals through the 172-person e-mail list on July 15, 2017, the local newspaper on July

27, 2017, and our Collaborative Applicant's (CA) website: www.opendoorshc.org on July 17, 2017. Announcements were made at CoC meetings July 20 and other community meetings. The scoring link was posted on the CA's website July 17, 2017 and new and renewal projects have equal opportunity to be rated and ranked in the objective review process conducted by a CoC elected unbiased review committee. Each year for the last 4 years, including this year, the MS-503 CoC has brought in new applicants who have extensive capacity and experience but had not received CoC funds in the past. This year and the last 3 years, during the review process, the projects were scored and ranked using the posted scoring rubric for both new and renewal projects.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

The CoC works closely with MS Home Corp, the ESG recipient. We communicate on a regular basis regarding program expectations. Any applicant for ESG funds must certify that they are participating with the CoC, are actively

entering data into HMIS, and their program fits with the system as part of a community response to homelessness. The CoC provides technical assistance to subrecipients, communicates with MS Home Corp to discuss local concerns, and regularly reports aggregate data to support the state's reporting (CAPER), annual PIT and HIC data to support Consolidated planning for the state and the 4 local participating jurisdictions, and participates in Action Plan community meetings to ensure homelessness information is relayed to the state, the participating jurisdictions, and the public. The CoC governing council sets the priorities, performance standards, and outcome expectations for programs which become a part of the ESG expectations and are measured and analyzed quarterly.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

The CoC works closely with Gulf Coast Center for Nonviolence (the Center), a CoC funded program. The Center provides a safe and secure environment for counseling and a wide range of services. The Center provides a shelter in Harrison County and Jackson County as well as safe transitional housing, PSH, and RRH options. Privacy, safety, security, and choice are of utmost importance. Calls to any Coordinated Entry participating agency from a survivor of sexual assault or domestic violence are referred immediately to the Center's 24/7 hotline. Trained professionals answer the calls and provide immediate access to services. The TH and shelter maintain security cameras, alarms, and are locked to visitors with no public access to addresses. Clients are assessed and linked to the housing and services they choose, with the goal of safe permanent housing within 30 days. Information is securely maintained in a VAWA approved database, Apricot, an HMIS comparable system.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

The CoC has participated in Trauma Informed Care training through t3 Knowledge at Work and participates in formal training on Trauma Informed Care annually. Gulf Coast Center for Nonviolence (the Center), the local experts in dv safety, services, and housing, actively participate in the CoC and sit on the CoC Governing Council and the Collaborative Applicant's Board. The Center provides dv training for the CoC as well as the police departments, family court, elected officials, and the community. The Center operates a 24-hour crisis line. When a call comes into the coordinated entry line and the caller is fleeing violence, the caller is directed to the Center's crisis line whose personnel manage safety planning. The crisis line is the entry-way into the dv shelter and

services. The statistics regarding dv in Mississippi are alarming. There are as many people that go through the dv shelter system in a year as in all the homeless services beds combined. 86% exit to permanent housing.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Biloxi Housing Authority	9.85%	Yes-Public Housing
Mississippi Region 8 Housing Authority	12.00%	No
Bay Waveland Housing Authority	0.00%	No
City of Bay Saint Louis Housing Authority	0.00%	No
City of Waveland Housing Authority	0.00%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

The Mississippi Region 8 Housing Authority (MR8), the largest housing authority in the CoC has no preferences identified in their most recent Plan. Personnel from MR8 sit on the CoC Governing Council and assist in reviewing and ranking projects for the CoC application. Monthly conversations occur about preferences between the leadership of the CoC and the leadership of MR8 about a limited preference. The PHA's concerns revolve around fair housing, public perceptions about waiting list policies, and perceived administrative burdens. Conversations, advocacy, and education will continue. Similar conversations occur quarterly with the Biloxi Housing Authority (BHA). The Biloxi Housing Authority does have a preference for persons fleeing domestic violence. The Hancock County Housing Authorities, Bay Waveland, City of Bay Saint Louis, and Waveland, have very little turnover and have been unwilling to talk about homelessness and preferences.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families

experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

The CoC includes anti-discrimination in its housing policies and requires all of its recipients to comply with the anti-discrimination policy. The CoC has participated in the HUD webinar regarding equal access and has participated in two TA sessions led by Cloudburst at the state level regarding the equal access rule. The CoC has partnered with My Brother's Keeper and volunteers at South Mississippi AIDS Task Force to ensure that the CoC appropriately outreaches to, engages, and meets the needs of LGBTQ individuals and families who are experiencing homelessness.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

Na

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

Applicants who serve chronically homeless persons receive additional points in the rating and ranking process. All applicants must participate in the CoC's Coordinated Entry (CES) process and demonstrate a history of housing the most vulnerable persons referred to them by the CES. The most vulnerable persons referred from the CES include individuals and families with the highest score on the VI-SPDAT and the longest histories of homelessness. New programs were given extra points last year for serving vulnerable homeless youth and three programs were awarded CoC funds. The programs were rated based on their implementation of the programs, participation in CES, and their housing of the most vulnerable youth.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input checked="" type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 2

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 08/28/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 08/18/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. p 6-13 and 65-69

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? AWARDS by Foothold

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	64	25	39	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	30	21	9	100.00%
Rapid Re-Housing (RRH) beds	254	0	254	100.00%
Permanent Supportive Housing (PSH) beds	66	10	56	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

All bed coverage is 100%.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 03/29/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 03/29/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

There were no changes in the implementation of the 2017 PIT count compared to 2016.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including No

**methodology and data quality changes from 2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

none

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

Just as in 2016, The MS-503 CoC has taken extra measures to identify unaccompanied homeless youth in the PIT Count by engaging younger persons to assist with the planning and the count, count in areas near the college and junior college campuses, engage youth on the street or soup kitchens and ask if they know someone who is experiencing homelessness, check in with high schools and the local school district homeless liaisons. We have identified more youth under the age of 24 experiencing homelessness and we are working to provide services and housing options to meet their unique needs.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

Just as last year, over 100 volunteers were trained and all known agency partners and faith based groups serving persons experiencing homelessness were involved in the PIT Count that included a one-night count and surveys of over 90% of the persons experiencing unsheltered homelessness. Each person who participated was identified by their name, birth date, and last four of their social security number. If the person declined to be surveyed with the VI-SPDAT, the observer counted the person with as much information as possible. A particular focus on locating unsheltered youth, families with children, and veterans was present in all of the PIT work.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

The MS-503 CoC demonstrated a decrease in the number of persons experiencing first-time homelessness by 611 persons (58%). In FY 15, 1106 persons entered programs. Of those, 55 had prior entries in HMIS so 1051(95%) were homeless for the first time. In FY 16, 987 had entries in programs during the reporting period, a 10.7% reduction. Of those who entered, 547 had prior entries in HMIS and 440 (45%) were homeless for the first time, 611 fewer than FY 15. Open Doors Homeless Coalition, the Collaborative Applicant and HMIS lead, is responsible for overseeing the strategies to prevent and end homelessness. The MS-503 CoC, as a system, has strategically used a robust CoC-wide Coordinated Entry and Assessment program to assess individuals and families and link them to CoC, ESG, SSVF, and local resources when appropriate and divert people from the homelessness system when possible. The CES personnel use the Diversion and Prevention VI-SPDAT to inform interventions.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

The median LOT decreased by 2 nights in ES (9 to 7) and by 1 night in ES and TH (11 to 10). The average number of bed nights increased by 8 nights in ES (29 to 37) and 5 nights in ES and TH (34 to 39). The discrepancy is explained by the cold weather shelter being open fewer nights in 2015 than 2016. The

one-night stays impact the average. The median, or midpoint of 10 nights indicates that the CoC is able to house people quickly from ES and TH to permanent housing. The Measure 1b was not calculated in 2015. The average days homeless in the CoC is 4 months (127 days for ES and 123 days for ES and TH. Open Doors, the responsible entity, works through CES and bi-weekly outreach to encampments to identify and house the individuals and families with the longest time homeless. Referrals of chronically homeless persons, persons most vulnerable (as identified by the VI-SPDAT), and persons with longest histories of homelessness are made from the CES personnel to participating programs.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)

In both FY 15 and FY 16, the exits to PH or retention of PH in all PSH projects remained 86%. Exits to permanent housing in ES, SH, TH, and PH-RRH rose from 48% to 55%. The number of people who exited street outreach to PH reduced; however, the number of people identified in street outreach increased from 4 to 172. Open Doors Homeless Coalition, Collaborative Applicant and HMIS lead for the MS-503 CoC, holds the responsibility for overseeing the system change that will increase the number of individuals and families who move directly from homelessness to permanent housing and ensure that the housing is successfully retained or an exit is into another permanent housing option. With state funding for persons with serious mental illness who re languishing in homelessness (CHOICE), Open Doors and its partners have moved 75 people into housing with supports aimed at housing retention. This strategy has freed up resources for homeless persons with other disabilities, families, and youth.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)

Overall, during the reporting period, returns to homelessness are 5%. Returns to homelessness in FY 15 were 50% in TH and 2% overall for 52 households. In contrast, the number of people followed in FY16 were 280: 43 from ES, 12 in TH, and 225 in PH who exited to PH. There were 14% returns from ES after 2 years 0% (a significant reduction) from TH after 2 years, and 4% from PH after 2 years. Open Doors, the CA and HMIS lead holds the responsibility to reduce the rate of returns to homelessness. Through increased housing stabilization activities and increased linkages to income for participants, the CoC expects

fewer returns to homelessness. Through monthly data analysis and CES, the CoC can quickly identify if an individual or family who was housed from homelessness is seeking emergency housing assistance or other indicators of distress, like food assistance. The CoC, through CES, can make contact with the client and stabilize the family or individual prior to a return to homelessness.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

The organization charged with overseeing the CoC strategy in increasing income is Open Doors, the CA and HMIS lead. The CoC works with Voc Rehab and the Port of Gulfport to increase employment income. In addition, Ingalls and Women in Construction offer employment training in welding, construction, electrician, and other high-paying occupations to increase incomes of homeless and formerly homeless persons. The Port, Women in Construction, and Voc Rehab have all presented information on their programs at the CoC meetings. CoC funded agencies have direct contacts with the programs to make referrals. Participants are assisted with transportation and child care. Regarding connections to SNAP and SSI, representatives from both programs attend the CoC meetings and visit CoC funded agencies on a regular basis to meet with clients. The number of program stayers with increased earned income moved from 10% to 12% and leavers with increased earned income moved from 0% to 21%.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

NA

3A-7. Enter the date the CoC submitted the 05/26/2017

**System Performance Measures data in HDX,
which included the data quality section for FY
2016.
(mm/dd/yyyy)**

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	64	66	2

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	15
Total number of beds dedicated to individuals and families experiencing chronic homelessness	27
Total	42

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

Where possible, the CoC prevents homelessness of families with children using ESG or CDBG sources of funding. Families who are at risk of homelessness contact the Coordinated Entry line and are referred to the service provider who can meet their needs and prevent homelessness. When prevention is not possible, the Coordinated Entry personnel make arrangements for a hotel stay and refer the family to a rapid rehousing service provider. Typically, the family is rehoused within 14 days. The organization responsible for the strategy to prevent and end homelessness among families with children is Open Doors Homeless Coalition, the Collaborative Applicant, HMIS lead, and Coordinated Entry lead for the MS-503 CoC.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	47	48	1

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

The MS-503 CoC has adopted an equal access policy that ensures that all programs adhere to anti-discrimination policies. The MS-503 CoC providers have received extensive training on equal access to programs. The training has been in the form of HUD webinars and in-person HUD TA sponsored by the local HUD office. The Collaborative Applicant reviews HMIS data to determine if there could be discrimination based on family composition, age, sex, gender, LGBT status, marital status or disability.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

The CoC reallocated funds last year to create three new RRH programs to address unsheltered homelessness among youth and young adults age 18-24. The programs have been successfully implemented and are being renewed in this competition. 17 youth and young adults are being served by the programs and are improving their quality of life, increasing incomes, and either linked to employment or educational opportunities. One agency has incorporated Youth Build and other work training opportunities into the programming of the CoC program for youth. Another has created a leadership program for formerly homeless youth and another has negotiated a strong partnership with the Child Protective Services to ensure a smooth transition as youth age out of state custody. The CoC is using APR data and other HMIS data to monitor the success of the programs. The CoC maintains a by-name list of youth experiencing homelessness and ensure that the referrals to the CoC programs come from the list. There are no "side doors," rather, all referrals come from the Coordinated Entry system to assure that the youth most in need are linked to the services. These strategies, along with prevention strategies implemented

through ESG, will go a long way in ending youth homelessness. More funds are necessary to bring the effort to scale. The CoC is participating in remote TA in ending youth homelessness and hope to apply for the second round of the Youth Homelessness Demonstration Program.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

Members of the CoC regularly attend the meetings of the Biloxi School District's McKinney-Vento liaison, with whom there is a formal partnership, to coordinate resources and share information. The CoC works with the other school districts on a case-by-case basis when a homeless family or youth present at the school. Each of the CoC providers is familiar with the McKinney-Vento regulations regarding educational services and personnel inform both families and the school system. Our CoC has requested information from the TA provider regarding assistance and guidance in reaching the state department of education to require consistency among school districts in enforcing the schools; responsibilities in serving children experiencing homelessness.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	Yes	Yes
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 1000 characters)

Every veteran is engaged by an outreach team who is out in the field weekly. Newly homeless veterans are assessed and prioritized using the VI-SPDAT and entered into the CES portal. They are immediately connected to the VA for medical services, VASH, and other benefits, as eligible, and to SSVF as appropriate. Every veteran is housed within an average of 2 weeks from entering the by-name list. 92% of the veterans who have been housed have remained housed. When a veteran may return to homelessness, he or she is immediately linked back to the VA or an SSVF provider who is responsive and works to ensure the veteran is rehoused. There continue to be two veterans today who are living in encampments. They are engaged every 2 weeks and offered housing. Case conferencing among the partners occurs at least monthly with informal calls occurring at least weekly. There are no GPD beds in the CoC geography.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

Open Doors Homeless Coalition holds the responsibility for overseeing the CoC's strategy for mainstream benefits. During the past year, representatives from the SNAP (food stamp program) and substance abuse program representatives spoke at two of the monthly CoC meetings to inform the 50 member agencies of eligibility requirements, the services provided, and the best way to make a referral of eligible individuals and families. A representative from the Social Security Administrations meets quarterly with member agencies to discuss progress of clients who have applied for SSI benefits. In addition, SOAR training has been completed by personnel of several member agencies that have led to increased approvals of SSI applications. Each of the member agencies, whether a recipient of CoC funds or not, routinely assist individuals and families in applying for and receiving mainstream benefits.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	8.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	7.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	87.50%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	8.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	7.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	87.50%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

The CoC's outreach covers 100% of the CoC's geographic area by partnering with PATH, faith-based outreach in every county, and coordinated outreach among community based agencies. The VAMC conducts outreach in all six counties bi-weekly to identify veterans experiencing homelessness. Faith based organizations conduct outreach in the woods of Stone, George, Pearl River, and Jackson Counties. PATH primarily focuses on Harrison and Jackson County outreach weekly. Back Bay Mission focuses outreach in Biloxi (Harrison County) daily. Shepherd of the Gulf focuses outreach in Gulfport (Harrison County) daily. Coastal Family Health outreaches weekly through its mobile medical clinic in all six counties weekly. Open Doors Homeless Coalition fills in any gaps and regularly outreaches in locations in all six counties every two weeks. Each of the outreach teams enter information into HMIS and offer housing and services as they engage with people who are not likely to ask for assistance.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or**

disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Each of the CoC and ESG housing providers have received annual training on affirmatively furthering fair housing. Each of the housing projects have advertised through flyers in English, Spanish, and Vietnamese and have advertised specifically through agencies who serve persons with disabilities: Disability Connection, Mental Health Association, community mental health centers, and Coastal Family Health. Interpreters are used when needed and provided by El Pueblo in Biloxi by request of any nonprofit agency or housing provider. Many CoC member agencies have assisted the Cities of Biloxi, Gulfport, Moss Point, and Pascagoula in ensuring that their Action Plans and Impediments to Fair Housing address systemic issues regarding fair housing.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	62	254	192

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statutes who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	communication abo...	08/29/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	rfp and rebid	08/28/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	publication	08/28/2017
05. CoCs Process for Reallocating	Yes	reallocation policy	08/13/2017
06. CoC's Governance Charter	Yes	CoC Governance	08/13/2017
07. HMIS Policy and Procedures Manual	Yes	hmis manual	08/13/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	pha policy	08/13/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	pages 28-30 of th...	08/13/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	System performanc...	08/13/2017
14. Other	No	homeless assistan...	08/13/2017
15. Other	No		

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/28/2017
1B. Engagement	09/16/2017
1C. Coordination	09/16/2017
1D. Discharge Planning	08/28/2017
1E. Project Review	09/16/2017
2A. HMIS Implementation	09/16/2017
2B. PIT Count	09/16/2017
2C. Sheltered Data - Methods	08/28/2017
3A. System Performance	09/16/2017
3B. Performance and Strategic Planning	09/16/2017
4A. Mainstream Benefits and Additional Policies	08/28/2017
4B. Attachments	Please Complete

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Submission Summary

No Input Required