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:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1A-1. CoC Name and Number: IL-500 - McHenry County CoC

1A-2. Collaborative Applicant Name: McHenry County (Illinois)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Pioneer Center for Human Services

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	No	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Religious Organizations	Yes	Yes	Yes
Community Members	Yes	Yes	Yes
County Transportation Department	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range

of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)

The CoC has continually been engaged in expanding membership to represent a wider array of community members and providers. The CoC welcomes the full range of opinions as part of the agenda at each meeting, including a public comment period and monthly reports from a variety of providers, including the Public Housing Authority, CDBG/HOME, Street Outreach (from three providers) and a formerly homeless individual who serves as the CoC liaison to the County's Public Transportation committee. To stimulate interest and further expand participation, the CoC provided monthly articles to the Northwest Herald for two year series focusing on homelessness. Membership is on a rolling basis and allows those interested in combating homelessness to serve on committees. The additional breadth of reporting and membership has increased the visibility of the CoC and the needs to engage the community in ending homelessness as demonstrated by an increase in meeting attendees.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Pioneer Center for Human Services	Yes	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider	Participated as a Voting Member	Sat on CoC Board as active member or

for Survivors of Domestic Violence (up to 10)	in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Turning Point, Inc.	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)

The McHenry County CoC Strategic Planning Committee is tasked with developing the specific strategies, considering both local priorities and those of Opening Doors to address prevent and end homelessness. The CoC NOFA, Ranking and HMIS Committees provide information and support these planning efforts including identifying possible project sub-committees and members. The CoC has also contracted to develop a 3-year Strategic Plan which will include the identification of responsible parties for the specific strategies and is scheduled to be released early next year. The CoC Executive Committee is ultimately responsible for ensuring that the right individuals and organizations are assigned to the sub-committees working to meet the goals of Opening Doors. The CoC is also responsible for ensuring that its members are informed on community priorities, such as Opening Doors, in order to reach an effective decision when strategic or funding options are presented or committees are assigned.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The McHenry County CoC developed a separate Ranking Committee comprised of non-CoC funded individuals and organizations. This committee develops ranking materials based on strategies developed by the CoC's Strategic Planning Committee. The McHenry County CoC posts the direct link to HUD's NOFA and the Continuum's application on the County Website. This information is emailed to the Continuum's entire mailing list. The McHenry County CoC scoring favored new bonus housing projects and reallocation of existing projects to create HMIS and Coordinated Assessment projects in this competition. Three new applicants have come forward in recent competitions- one through ESG that was funded for Street Outreach and one applicant in each of FY 2014 and FY 2015 CoC competitions. Increasing the breadth of membership presents opportunities for new applicants to come forward with projects that address services gaps, especially with the dawn of a plan to end homelessness developed by the end of 2015.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?	Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	No
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	0	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	3	0.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	3	0.00%

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

McHenry County is the Con Plan jurisdiction and is the grantee for CoC Planning funds. The Community Development Division staff attends all strategic planning, ranking and NOFA committee activities at the CoC level. The CD Division staff also present monthly at CoC meetings on both HOME and CDBG funding availability and strategies. When Annual Action Plans or Consolidated Plans are presented, the CoC is able to provide considerable input. In the current 2015-2019 Consolidated Plan, the CoC is referred to on 21 pages. Lastly, McHenry County offered considerable effort into the fundraising and creation of a plan to end homelessness, which is expected to roll out in December, 2015.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)

McHenry County, as both Con Plan Jurisdiction and recipient of CoC Planning funds remains a very active participant in the CoC's Strategic Planning and Ranking Committees. The Strategic Planning Committee makes recommendations as to the most effective use of ESG Funding. Based on these recommendations, the County acts as an Ex-Officio member of the Ranking Committee with funding decisions made and recommended to the full CoC. The County in its capacity as CoC Planning grantee works with providers and the Strategic Planning Committee of the CoC to identify appropriate outcomes and monitors sites to ensure progress on meeting intended outcomes.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld.
(limit 1000 characters)

Residents who are homeless or at risk of homelessness due to DV are referred to Turning Point, the county's only Illinois Coalition Against Domestic Violence protocol-approved agency. Turning Point accommodates up to 21 DV survivors

at its secure emergency shelter each night. The Illinois Domestic Violence Act and the VAWA require specialized education, training, and certifications for domestic violence victim services because of the risk of lethality and severe emotional, physical and mental health consequences of domestic violence. The shelter has electronic surveillance, exterior lighting, double locked security entrances, alarm system, police panic connection and 24-hour staff and operation. Clients in the shelter aren't required to participate in additional Turning Point services, such as group or individual counseling, though the shelter's location near the agency's main office provides the opportunity. Clients are also not required to file legal actions against an abuser.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
McHenry County Housing Authority	7.00%	Yes-Public Housing

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-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

Home of the Sparrow operates 19 subsidized affordable housing units for homeless and formerly homeless women and children. All clients have an income that is 50 percent or less of the Area Median Income. Additionally, three units of transitional apartments bridge the gap between shelter services and permanent housing for those who need time to attain self-sufficiency. Two affordable housing complexes in McHenry County financed through the use of

Low Income Housing Tax Credits are working with the State of Illinois' State Referral Network (SRN). These units are available for people that are disabled, homeless, or at risk of homelessness. Social Service agencies make referrals to a statewide clearing agency that determines eligibility, and then refers them to the development. The Villas of Lake in the Hills has 12 SRN units and the Congress Parkway Apartments in Crystal Lake has 15 SRN units. Additionally, SSVF services provide assistance with security deposits and first month's rent.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented:	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities	X
None:	

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not

**discharged into homelessness.
(limit 1000 characters)**

All of the boxes were checked in question 1D-2.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

Coordinated Assessment in the County is a "no wrong door approach." Four main access points include: the PADS Shelter; the community's crisis line (24/7 services); the 2-1-1 line for non-emergency crisis; and the McHenry County Housing Authority. Staff at these access points is knowledgeable about services in the community and complete a simplified intake form to facilitate accessibility to services. In turn, key staff at CoC or ESG-funded agencies guide clients based on use of the same assessment and/or training and knowledge of community resources. This provides homeless individuals in McHenry County with an array of coordinated resources designed to serve them. One organization is also a contact point for homelessness prevention efforts and is funded for these activities through CDBG. The CoC recommended funding to have an organization manage a Coordinated Assessment SSO project, thereby providing financial support for these efforts.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	X	X				
CDBG/HOME/Entitlement Jurisdiction	X	X				
Law Enforcement		X				
Local Jail(s)		X				
Hospital(s)	X	X	X	X		
EMT/Crisis Response Team(s)	X	X	X	X		
Mental Health Service Organizations	X	X	X	X	X	
Substance Abuse Service Organizations						X
Affordable Housing Developer(s)						X
Public Housing Authorities	X	X	X	X	X	
Non-CoC Funded Youth Homeless Organizations	X	X	X	X	X	
School Administrators/Homeless Liaisons		X				
Non-CoC Funded Victim Service Organizations	X	X	X	X		
Street Outreach Team(s)	X	X	X			
Homeless or Formerly Homeless Persons		X				

	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	10
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	8
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services	
Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The Strategic Planning Committee works to identify community service gaps in order to make an effective recommendation as to the use of CoC funds. The Ranking Committee interprets this information and assigns scoring to applications based on the community need and effectiveness of the proposed project. Project applicants are considered on a number of factors, including client population served. If a proposed project served a very specific population, such as chronically homeless individuals, its application score would reflect this. Projects serving more vulnerable populations tend to be ranked more highly due to these factors.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s)

**used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The CoC ranking procedures, based on the County CoC Monitoring guidelines, were approved at the 6/25/15 CoC meeting when the NOFA was formally announced, with applications due on 7/22/2015. The application deadline was extended until 8/14/15 and the Ranking Committee held a series of (open to public) meetings to review projects and develop the final rankings. The final project rankings and application were approved at the CoC 10/8/15 meeting. All meetings were open to the public and posted on the County website along with the funding announcements. E-mails were also sent out the full CoC and copies of these as well as the ranking criteria, final ranking, applications, website screenshots, meeting minutes and agendas have been attached.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)	10/08/2015
1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)	Yes
1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)	11/03/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?	Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

As Planning grantee, the McHenry County Department of Planning and Development is responsible for monitoring CoC Program recipients. A set of procedures and checklist approved by the CoC is followed. Performance factors such as bed utilization, HMIS data entry, spend down of funding, cost per client, and objectives performance (i.e. number and percent of client exiting into permanent housing, number and percent of clients who increased total income, etc.) are evaluated. If the project demonstrates that it has challenges with effectively operating or requires additional guidance, technical assistance or HUD guidance may be sought to remedy the matter.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?	Yes
1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.	Yes
2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.	Page 4 - Governance CHarter and pages 5-7 in HMIS Policies & Procedures
2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.	Yes
2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?	Yes
2A-4. What is the name of the HMIS software	ServicePoint

used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).	
2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).	Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$0
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$0

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	$0
County	$35,000
State	$0
State and Local - Total Amount	$35,000

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-2.6 Total Budget for Operating Year	$35,000

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 04/17/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	35	21	14	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	75	0	75	100.00%
Rapid Re-Housing (RRH) beds	30	0	30	100.00%
Permanent Supportive Housing (PSH) beds	32	0	32	100.00%
Other Permanent Housing (OPH) beds	60	0	60	100.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

All bed coverage rates are 100%.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types,

please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	X
Faith-Based projects/Rescue mission:	
Youth focused projects:	
HOPWA projects:	
Not Applicable:	

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	8%
3.3 Date of birth	4%	0%
3.4 Race	7%	0%
3.5 Ethnicity	5%	0%
3.6 Gender	4%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	1%	1%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	7%	5%
3.15 Relationship to Head of Household	48%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	28%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

	☐
None	☐

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 6

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	☐
	☐
None:	☐

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.
(limit 750 characters)

The SSVF grantee is part of a multi-CoC project which enters data into a

common The SSVF grantee is part of a multi-CoC project which enters data into a common HMIS (Kenosha County - Wisconsin) that covers the entire project's catchment area. The HMIS software/vendor (ServicePoint/Bowman Systems) is the same as the one McHenry County CoC uses. The RHY project was just awarded (in October) so it will be using HMIS as soon as staff are trained - anticipated to be by December 15, 2015.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?	Yes
2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):	01/28/2015
2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?	Not Applicable
2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):	04/17/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	
HMIS plus extrapolation:	X
Interview of sheltered persons:	
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The PIT methodology was established by the PIT committee; which was comprised of CoC members and community providers that understood and has experience working with the unsheltered population. Known shelters were pre-identified before the PIT. PIT data was then reported/collected from the shelters. Shelter PIT data was double checked/verified for completeness.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

No changes in sheltered PIT methodology.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

Provider coverage was not changed in 2015.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

No changes in sheltered PIT implementation.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?	Yes
2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):	01/28/2015
2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?	Not Applicable
2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):	04/17/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	X
Night of the count - known locations:	X
Night of the count - random sample:	X
Service-based count:	X
HMIS:	

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The PIT methodology was established by our PIT committee; which was comprised of CoC members and community providers that understood and has experience working with the unsheltered population. Known locations were pre-identified before the PIT and then observed the night of the PIT. The committee contacted local police departments during the night of the PIT for known areas to be surveyed.
During the PIT, CoC providers were contacted for possible areas to observe. Each PIT staff completed the PIT survey directly with the unsheltered person. Community care/emergency packages were presented/offered to encourage participation in the PIT.

2I-3. Describe any change in methodology from your unsheltered PIT

count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count).
(limit 1000 characters)

The only change was that care packages were offered to PIT participants during the PIT count in 2015 (as compared to 2013). This effort was similar to the approach taken in 2011. The community is considering strategically planning a count for the summer of 2016 during warmer months and will complete an actual unsheltered count during the prescribed January time frame in 2016.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	X
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method).
(limit 1000 characters)

The only change from the 2013 unsheltered PIT was that we offered care packages to PIT participants. Note we did not observe any related direct effects on community data quality. There is no awareness in McHenry County of any participation based on the care package offering.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		185	177	-8
Emergency Shelter Total		63	83	20
Safe Haven Total		0	0	0
Transitional Housing Total		117	85	-32
Total Sheltered Count		180	168	-12
Total Unsheltered Count		5	9	4

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		621
Emergency Shelter Total		364
Safe Haven Total		0
Transitional Housing Total		257

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)

Community Service Block Grant funds are used to prevent homelessness by paying past due rents for individuals and families who experience a short term financial crisis but are able to sustain their housing going forward. A CoC Rapid Rehousing program assists with first and last month's rent and security deposits for families experiencing a short term financial crisis. CDBG funded Outreach and Prevention programs help individuals resolve crisis situations to prevent downslides into homelessness through defining workable solutions, linkages to resources, and advocacy. The programs provide an entryway to services and safety that might not otherwise be available. Local townships, the Salvation Army, faith-based communities, and the McHenry County Mental Health Board provide assistance within their capabilities. An annual People in Need Forum and informational directory, the County Crisis Line, and a 2-1-1 Line are also part of a consolidated effort for prevention of homelessness.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

The CoC funded Home of the Sparrow (HOS) for an Outreach and Prevention Project through CDBG funds to address issues prior to families becoming homeless. The project served 300 persons during its first year of operation, with approximately 90% placed into safer living conditions. Many clients are referred to a CoC funded Rapid Rehousing Program and move into permanent housing within 30 days of referral. Clients are also referred to the McHenry County Housing Authority for Section 8 Assistance, subsidized public housing, and services for homeless prevention. The CoC also works with Transitional Living Services, which assists veterans with issues leading to homelessness. The HOS transitional shelter implemented programming that moves families through the shelter quickly, with an average stay of 4 months. Approximately 80% of the transitional shelter clients exit into permanent housing. Families who have been homeless are given priority for the HOS Affordable Housing Program.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		338
Of the persons in the Universe above, how many of those exited to permanent destinations?		162
% Successful Exits		47.93%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		15
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		9
% Successful Retentions/Exits		60.00%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The CoC meets monthly to collaborate on efforts to reduce homelessness and plans for reducing recidivism. 1) Funded programs offer aftercare services for families placed into permanent housing to ensure stability. Services include counseling and continued case management services. 2) Services through Home of the Sparrow's transitional shelter include case management and counseling that assist women in developing an individualized plan with goals that include sustainable self-sufficiency. 3) Financial management trainings are offered regularly. 4) Trauma informed employment assistance and counseling address potential barriers to sustained employment that is crucial for permanent housing. 5) Women in the transitional shelter are expected to open a bank account prior to exist into permanent housing. 6) Case managers in all CoC funded programs utilize an HMIS database to monitor individual progress. ART Report 254 titled Shelter, history overlap and return directly measures this data.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

The CoC funded Home of the Sparrow through a CDBG grant to develop an Education and Employment initiative that addresses barriers to employment through a trauma informed approach. This program and an HVRP program for veterans help individuals develop resumes and prepare for interviews. Both programs also work to establish relationships with community employers, and collaborate with the McHenry County Workforce Network. Additionally, both programs help clients access work related gear. Case managers at Home of the Sparrow, Transitional Living Services for Veterans, Pioneer Center, and Thresholds provide case management services that help clients identify and access non-employment related assistance. Housing Authority staff are trained in SOARS and can assist individuals with accessing benefits.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

The CoC began to engage the Illinois Workforce Network in presenting information about employment training and opportunities at least quarterly to the CoC membership. A representative from the Workforce Network attends monthly CoC meetings. Home of the Sparrow has an established relationship with a local employment agency and is working to expand to other agencies. Additionally, HOS is working to enhance their relationship with the employment services at McHenry County College. HOS, Thresholds, Pioneer and TLS all have considerable Evidence-Based or proprietary programs assisting participants with accessing mainstream employment.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

Thresholds, Pioneer Center, Home of the Sparrow and Transitional Living Services work to identify and engage McHenry County's unsheltered population through: 1) A 24 hour Crisis Line that links homeless callers with shelter, providers, and on-site counseling. 2) The PADS Day Center where staff help

homeless clients access services and shelter. 3) Staff from service and front-line housing providers and staff members that go out in the community to help clients access shelter. 4) Outreach efforts include sharing information with police, township offices, food pantries and shelter churches about homeless services available. 5) Community education efforts such as the annual People in Need Forum share information with the general public to raise awareness of the problem and of available resources. 6) The introduction of a CoC-wide 211 line. 7) Development and proposed funding of a comprehensive coordinated assessment system to quickly direct clients to appropriate services.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? Yes

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

Non-inhabited farmlands, primarily in the western portion of the county, were excluded due to vastness and inability to sufficiently cover a PIT count of these areas. Volunteers and agency staff were more effectively utilized in known locations (i.e. forest preserves, parks, train stations) in order to maintain integrity of limited resources for the count.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		9	6	-3
Sheltered Count of chronically homeless persons		8	4	-4
Unsheltered Count of chronically homeless persons		1	2	1

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)

Because the community was able to make a more effective approach to searching for homeless individuals in 2015, the count of the number of identified unsheltered chronically homeless individuals increased. The sheltered count of chronically homeless individuals decreased over time due to an increase in the number of PSH beds available and the targeting of these resources toward chronically homeless individuals at turnover.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(read only)

The CoC has decided to reallocate some of the existing SSO and TH funding toward PSH beds dedicated to chronically homeless individuals. This process would add an additional 6 beds for use by CH individuals as these new projects come into contract. The Strategic Planning and Ranking Committees also plan on closely monitoring shelter site feedback, the 2014 PIT count and monthly HMIS reports to identify the resources that will be needed to house remaining CH individuals and ending homelessness for this population in McHenry County by 2015. The CoC will also work with local PSH providers to determine if more beds in the present PSH inventory can be prioritized for the CH population. Depending on the progress made towards the goal, options in the next year also include reallocating additional TH/SSO funding towards more PSH beds for the CH and working with the local PSH providers to prioritize more beds in the present PSH inventory for the CH population. The CoC will also work with the County Housing Commission to create additional PSH beds through the HOME program and other possible funding sources.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?
(limit 1000 characters)

As noted above, last year the CoC decided to reallocate some of the existing SSO and TH funding toward PSH beds dedicated to chronically homeless individuals. That process added 6 beds that could be used by CH individuals as these new projects come into contract. The Strategic Planning and Ranking Committees also continued closely monitoring shelter site feedback, the 2014-15 PIT counts and monthly HMIS reports to identify the new or remaining CH individuals. The CoC also continued to work with local PSH providers to determine if more beds in the present PSH inventory can be prioritized for the CH population. The CoC also continued to explore options include reallocating additional TH/SSO funding towards more PSH beds for the CH, working with the local PSH providers to prioritize more beds in the present PSH inventory for the CH population and developing additional PSH beds through non-CoC funded projects including the HOME program and other possible funding sources.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	28	32	4

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

As noted above, the CoC made the efforts at increasing the total number of available beds for chronically homeless individuals to access. This resulted in a decrease in the number of sheltered chronically homeless individuals. The community is developing its first plan to end homelessness (expected completion end of 2015) and anticipates identifying a targeted number of beds for CH individuals needed in the community. Future resources can potentially be committed to these efforts.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? No

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	25
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	11
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	7
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	63.64%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?

Yes

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The CoC continues to increase the number of PSH beds to target this population. Outreach is another area that has been focused on in order to reach and engage the CH population. Over the past two years commitments have been made by providers to prioritize the CH and additional VASH vouchers were added to serve CH veterans. The CoC has reallocated existing SSO and TH funding toward PSH CH dedicated which added 6 CH beds. The CoC also closely monitors shelter site feedback, the PIT counts and monthly HMIS reports to identify the resources the remaining CH individuals that need to be housed by 2017. The CoC will also work with local PSH providers to determine if more beds in the present PSH inventory can be prioritized for the CH population. Depending on the progress, the strategies noted above can continue to be used and the CoC will also work with the County's Community Development and Housing Grant Commission to create additional PSH beds through the HOME program and other possible funding sources.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.

(limit 1000 characters)

Turning Point submitted a project application for Rapid Rehousing funding. If funded, victims of domestic violence would be provided with Rapid Rehousing assistance, including housing relocation assistance and case management as well as rental assistance. Clients will not automatically be screened out due to a recent incidence of domestic violence or because of a lack of access to finances. The McHenry County Housing Authority has a preference in their Public Housing program for applicant families, otherwise eligible for their units, who are currently residing in Emergency Shelter, Transitional Shelter, Permanent Supportive Housing or participating in homeless services at/in/through a participating McHenry County Continuum of Care agency. Home of the Sparrow, funded for a Rapid Rehousing Project for families, has just begun its second year of rehousing families within 30 days of referral to the agency.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve families in the HIC:		17	30	13

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	
None:	X

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	46	40	-6
Sheltered Count of homeless households with children:	46	36	-10
Unsheltered Count of homeless households with children:	0	4	4

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

A more effective PIT count of homeless individuals and the development of a homelessness outreach and prevention program resulted in the identification of more unsheltered families with children. It was anticipated that the number of sheltered clients with children would increase due to a capacity increase at Home of the Sparrow's transitional shelter for women and children (from 8 units to 13 units). Overall, the number of homeless households with children dropped due to the concurrent development and roll-out of Rapid Rehousing programs.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ 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
Unaccompanied minors/youth below the age of 18?	No

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	☐
Increase housing and service options for youth fleeing or attempting to flee trafficking:	☐
Specific sampling methodology for enumerating and characterizing local youth trafficking:	☐

Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X
N/A:	

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

		FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:		0	0	0

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

The McHenry County systems did not have any families or individuals that could be categorized as unaccompanied youth and children.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$74,061.00	$158,086.00	$84,025.00
CoC Program funding for youth homelessness dedicated projects:	$0.00	$0.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$74,061.00	$158,086.00	$84,025.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	9
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(limit 1000 characters)

Head Start is a very active member of the CoC and is also involved in the CoC Ranking Committee, effectively identifying strategies for CoC funding annually. The CoC also has members representing the McHenry-Lake County Regional Office of Education (through its Homeless Liaisons). These individuals, through mandated reporting of homeless children, are easily able to identify the quantity of
homeless children in educational programs in order to present annual count data and collaborate with partners to end this form of homelessness. The children and their parent(s)/guardian(s) are informed of services for McKinney-Vento educational services. Both Head Start and the Regional Office of Education advise the CoC in monthly meetings of any programming offered to homeless children and families. Turning Point, Pioneer-PADS and Home of the Sparrow are funded agencies that serve homeless children and commit to ensuring children attend educational endeavors.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Home of the Sparrow, Turning Point (domestic violence agency) and the PADS program have procedures in place to ensure that children of homeless parents/guardians attend school. Head Start is a very active member of the CoC. Along with the Regional Office of Education (through its Homeless Liaisons) as a CoC partner, these agencies will coordinate their policies into a seamless CoC procedure, if needed, to effectively service this population. The Regional Office also identifies homeless situations among students and is able to advise these clients and their parents/guardians of the rights and services afforded to them. Funded organizations commit to ensuring that children attend educational services as a condition of funding and a declaration of this effort.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	25	25	0
Sheltered count of homeless veterans:	25	25	0
Unsheltered count of homeless veterans:	0	0	0

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

There was no change in the total number of homeless veterans during the indicated time frame. Programs to help homeless veterans have maintained full occupancy and the number of VASH vouchers have increased in McHenry County over the past year; increasing the number of housed veterans. It is anticipated that, without the additional supports provided to County organizations through SSVF and HUD-VASH, that the community would have experienced an increase in the number of unsheltered veterans.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA

**services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)**

Veterans are identified by outreach or intake workers at programs that serve the homeless or at-risk individuals and families within the County. The intake workers have been trained to reach out to the VA liaisons from the Lovell Federal Health Center (as McHenry County is located within its catchment area) and Transitional Living Services, Inc. (located in McHenry County and SSVF grantee) to provide the supportive services and housing options to homeless veterans based on their current needs. The community has significant resources in place for Veterans.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Clients ineligible for VA services can be prioritized through an existing PSH project dedicated to veterans. The VA Medical Center in North Chicago has partnerships with veteran-specific homeless services and shelter providers in McHenry County. For example, when a chronically homeless veteran gets a HUD-VASH voucher, SSVF helps with a security deposit and the Housing Authority with an apartment search. Vets also can enroll in a DOL-funded Homeless Veterans Reintegration Program; a GPD program; or a locally funded job program. A veterans' resource center serves vets no matter their discharge and coordinates homelessness efforts with VA, SSVF, HVRP, GPD, MCHA and the Veterans Assistance Commission. Outreach efforts include an annual Stand Down and a monthly food distribution for low-income veteran families. Veterans that are not eligible for VA services are still able to receive services through Grant Per Diem and SSVF.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	28	25	-10.71%
Unsheltered count of homeless veterans:	1	0	-100.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran No

homelessness by the end of 2015.

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015?
(limit 1000 characters)

The past year, HUD/VASH vouchers have increased in McHenry County to provide homeless veterans with stable housing. Grant Per Diem has been at full capacity, serving 20 individual veterans every month. Technical assistance could be considered to better utilize the existing resources in the community.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	15
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	15
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)**

In McHenry County, program participants have access to the McHenry County Department of Health to facilitate health insurance enrollment. The intended outcomes of this program are to educate public and key stakeholders; conduct outreach events and education sessions, provide 1:1 enrollment assistance for

Medicaid/Marketplace, and to provide post-enrollment support. Navigators held 13,845 assistance sessions to help people understand their options and enroll online. Grant personnel enrolled 3,671 people in the newly expanded Adult Medicaid program or subsidized federal Marketplace plans. The federal government reported that 6,210 County residents signed up for insurance on the federal Marketplace (September 2014) and Illinois reported 7,101 McHenry County residents signed up for new Medicaid benefits through December 2014.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	13
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	13
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	13
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	13
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not

currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		16	30	14

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

Not applicable

4B-7. Is the CoC requesting to designate one No

or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 2500 characters)**

Not applicable

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

Not applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	☐
CoC Systems Performance Measurement:	☐

Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	X

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Rejected McHenry ...	11/17/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	McHenry Co CoC - ...	11/18/2015
03. CoC Rating and Review Procedure	Yes	McHenry Co CoC Ra...	11/18/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	McHenry Co CoC Ra...	11/18/2015
05. CoCs Process for Reallocating	Yes	McHenry Co CoC Re...	11/18/2015
06. CoC's Governance Charter	Yes	McHenry County IL...	11/17/2015
07. HMIS Policy and Procedures Manual	Yes	McHenry Co IL CoC...	11/17/2015
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 (MCHA) Admin ...	11/17/2015
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Rejected McHenry Co CoC Project letter 11 3 15

Attachment Details

Document Description: McHenry Co CoC - Coll App Public Posting

Attachment Details

Document Description: McHenry Co CoC Ratings Procedures

Attachment Details

Document Description: McHenry Co CoC Ratings - Publlic Posting

Attachment Details

Document Description: McHenry Co CoC Reallocation

Attachment Details

Document Description: McHenry County IL CoC Gov Charter

Attachment Details

Document Description: McHenry Co IL CoC HMIS Pol & Pro April 15

Attachment Details

Document Description:

Attachment Details

Document Description: PHA (MCHA) Admin Plan - Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	11/16/2015
1B. CoC Engagement	11/17/2015
1C. Coordination	11/16/2015

1D. CoC Discharge Planning	11/16/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/19/2015
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/17/2015
2B. HMIS Funding Sources	11/16/2015
2C. HMIS Beds	11/16/2015
2D. HMIS Data Quality	11/16/2015
2E. Sheltered PIT	11/16/2015
2F. Sheltered Data - Methods	11/16/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/16/2015
2I. Unsheltered Data - Methods	11/16/2015
2J. Unsheltered Data - Quality	11/16/2015
3A. System Performance	11/18/2015
3B. Objective 1	11/18/2015
3B. Objective 2	11/18/2015
3B. Objective 3	11/18/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/17/2015
4C. Attachments	11/18/2015
Submission Summary	No Input Required

McHenry County Continuum of Care to End Homelessness
"Working together to end homelessness in McHenry County"
c/o McHenry County Department of Planning and Development
2200 North Seminary, Woodstock, IL 60098

03 November 2015

Ms. Renee Shopp, Board Member
Families ETC
620 Dakota Street
Crystal Lake, IL 60012

Re: Status of Application for FY 2015 HUD Continuum of Care Funding

Dear Ms. Shopp:

Thank you for submitting an application to the McHenry County Continuum of Care to End Homelessness for funding under the FY 2015 HUD Continuum of Care Grant Program.

We regret to inform you the following application was not selected and approved for funding under the program. Hence, the application cannot proceed in any priority order for potential support from the United States Department of Housing and Urban Development (HUD).

Coordinated Assessment Program $62,000

If you should have any questions about this application status, please feel free to reach out to me at (815) 245-9073.

Best Regards,

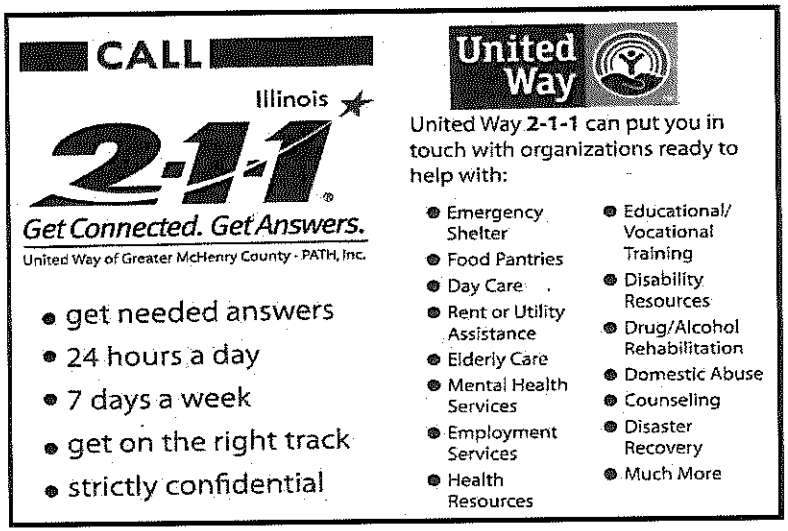
Hans Mach, MHP
Chairman

PLANNING AND DEVELOPMENT

DENNIS SANDQUIST
Director

COMMUNITY DEVELOPMENT

Continuum of Care to End Homelessness



The McHenry County Continuum of Care (CoC)

WHAT IS A CONTINUUM OF CARE?

According to HUD, a Continuum of Care is "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they

move to stable housing and maximize self-sufficiency."

WHAT DOES THE MCHENRY COUNTY CoC DO?

The McHenry County Continuum of Care to End Homelessness assists in the coordination and development of services and housing for homeless and low-income persons with housing needs through planning, education and advocacy.

- Provide knowledge to and engage the general population of McHenry County to understand the at-risk population facing homelessness.
- Educate service providers on best practices in addressing housing needs.
- Identify housing needs for homeless and low-income persons in McHenry County.
- Support planning and development of services to meet prioritized housing needs within McHenry County.
- Obtain and sustain permanent housing solutions.
- Sustain a united coalition of community systems and individuals.
- Assist the homeless and near homeless in obtaining housing, economic stability, and an enhanced quality of life through comprehensive and collaborative services.

WHO CAN PARTICIPATE IN THE MCHENRY COUNTY CONTINUUM OF CARE?

Membership shall be comprised of individuals and agencies concerned with the development and coordination of homeless assistance programs. Membership is open. **Participants include:**

- Homeless or formerly homeless individuals and families
- Housing Developers and Landlord Organizations
- Neighborhood Groups
- Non-profit organizations
- Healthcare Providers
- Representatives of Business and Financial Institutions
- Representatives of Organized Labor
- Representatives of Private Foundations and Funding Organizations
- Social Service Providers
- State and Local Government Agencies
- Faith-Based Organizations
- Volunteer Individuals
- Concerned Citizens

HOW OFTEN DOES THE CONTINUUM MEET?

The Continuum of Care meets monthly to discuss and plan for the providing of necessary services for the homeless of McHenry County. Meetings are held the 2nd Thursday of each month at 9:00 am at the McHenry County Administration Building.

Current CoC Documents (for review and meeting purposes):

Membership Documents (click on the text below for document):

Membership Memorandum of Understanding (Membership Application)

McHenry County CoC Membership

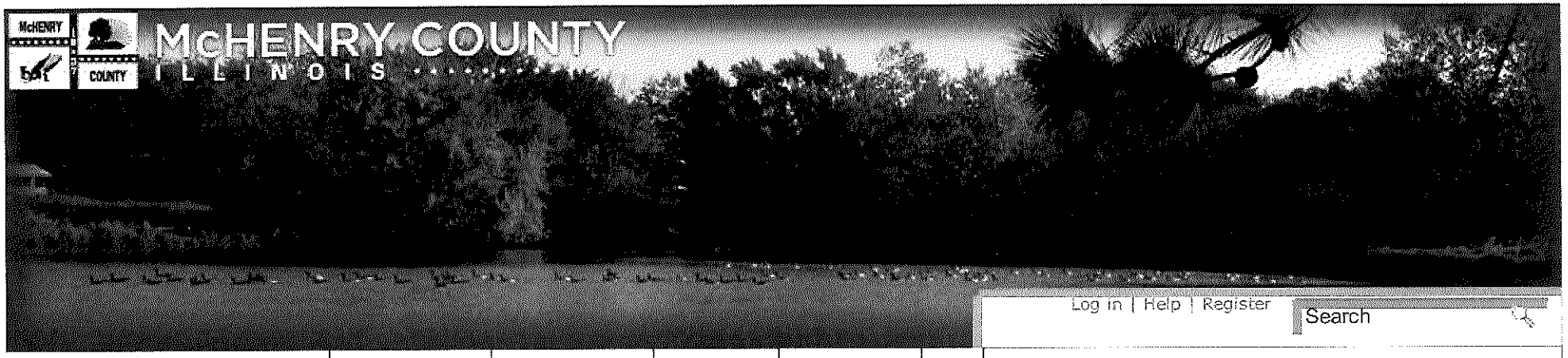
McHenry County CoC Bylaws

McHenry County CoC Members

Funding Applications:

RFP

- HUD CoC FY 2015 HMIS
- HUD CoC FY 2015 Coordinated Assessment



Meeting Group
All Meeting Groups

Print This Page

Welcome to Meetings On Demand, your source for information from McHenry County Board and Committee meetings. Here you will find meeting agendas, detailed agenda packets, minutes, resolutions, audio and more.

Full Calendar RSS

November, 2015

Nov 18, 2015 8:15 AM — Cancelled

Nov 18, 2015 1:30 PM — Agenda | Agenda Packet
Zoning Board of Appeals - Zoning Hearing

Nov 18, 2015 7:00 PM — Agenda | Agenda Packet
Agricultural & Conservation Easement - Public Meeting

Nov 19, 2015 9:00 AM — Agenda | Agenda Packet
Continuum of Care - Public Meeting

Nov 19, 2015 9:01 AM — Agenda | Agenda Packet

Gravel Advisory - Public Meeting

Jun 24, 2015 7:00 PM
Valley Hi Operating Board - Public Meeting
Agenda | Agenda Packet

Jun 25, 2015 8:15 AM
Finance & Audit - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jun 25, 2015 9:00 AM
Technical Advisory Committee - Public Meeting
Cancelled

Jun 25, 2015 9:00 AM
Continuum of Care - Special Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jun 29, 2015 7:00 PM
Board of Health - Regular Meeting
Cancelled

July, 2015

Jul 1, 2015 8:15 AM
Transportation Committee - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jul 1, 2015 6:30 PM
Historic Preservation - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jul 2, 2015 8:15 AM
Human Resources Committee - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jul 2, 2015 2:00 PM
Continuum of Care - Special Meeting
Agenda | Agenda Packet

Jul 6, 2015 8:15 AM
Law & Justice - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jul 7, 2015 9:00 AM
County Board - Regular Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet | Audio

Jul 8, 2015 8:15 AM
Public Health & Human Services - Public Meeting
Agenda | Agenda Packet

Jul 8, 2015 8:30 AM
Staff Plat - Public Meeting
Cancelled

Jul 8, 2015 2:00 PM
Public Transportation Advisory Committee (PTAC) - Public Meeting
Cancelled

Jul 8, 2015 6:00 PM
Board of Health - Regular Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jul 9, 2015 8:15 AM
Finance & Audit - Public Meeting
Cancelled

Thomas Riley

From: Lynnsey Osborne <LJOsborne@co.mchenry.il.us>
Sent: Wednesday, July 1, 2015 2:00 PM
To: Kim Ulbrich; Adrienne Burman; Angie Reeks; Anna Hill; Arthur Krzyzanowski; Carolyn Frasor; Charles (Chip) Eldredge III; Charles Konkus; Charles Sprague; Chelsey Wintersteen; David Esposito; Debbie DeGraw; Emily LeFew; Gene Marzelli (gmarzelli@tlsveterans.org); Hans Mach; Jaclyn Kroeger; James Menzer; Jane Dorfner; Janet Dolan; Jeffrey Harris; Jennnifer King; Julie Biel Claussen; Karen Banky-Livasy; Katherine Violett; Kathy Chwedyk; Kim Larson; Kim Ulbrich; Mari Irish; Mary Anne Weltch; Mary Reid; Matt Tabar; Matthew Morrison; Melissa O'Donnell; Michael Dudek; Mike Iwanicki; Mikc Neumann; Pam Umbarger; Paul Zukowski; Raul Rodriquez; Rich Ring; Ronald Ecklund; Scott Block; Sue Morrissey; Sue Rose; Suzanne Hoban; Teagen Andrews; Thomas Riley; Virginia Peschke
Subject: RE: Revised Continuum application and Ranking Sheet
Attachments: 2015 CoC New Project application_fillable.pdf; 2015 CoC application 1_fillable.pdf; 2015 CoC New Project application.docx

The fillable applications are now up and available on the County's website.

Go to: https://www.co.mchenry.il.us/county-government/departments-i-z/planning-development/divisions/community-development/continuum-of-care-to-end-homelessness to find the applications.

I have also attached them to this email.

Thanks,
Lynnsey Osborne

From: Kim Ulbrich
Sent: Thursday, June 25, 2015 2:58 PM
To: Lynnsey Osborne
Subject: FW: Revised Continuum application and Ranking Sheet

Hi Lynnsey,

The two applications need to be made fillable and put on the Continuum of Care web page. They can be titled exactly how they are listed here. Dave and I are in Chicago for ER training Mon-Wed . When you get these up on the web can you send a notice out to the CoC? I just copy and paste the addresses from Adrienne. You can attach the applications and ranking sheet and let them know that it is on the webpage.

Thanks!

From: Kim Ulbrich
Sent: Tuesday, June 23, 2015 3:49 PM
To: Adrienne Burman; Angie Reeks; Anna Hill; Arthur Krzyzanowski; Carolyn Frasor; Charles (Chip) Eldredge III; Charles Konkus; Charles Sprague; Chelsey Wintersteen; David Esposito; Debbie DeGraw; Emily Lefew; Gene Marzelli (gmarzelli@tlsveterans.org); Hans Mach; Jaclyn Kroeger; James Menzer; Jane Dorfner; Janet Dolan; Jeffrey Harris; Jennnifer King; Julie Biel Claussen; Karen Banky-Livasy; Katherine Violett; Kathy Chwedyk; Kim Larson; Kim Ulbrich; Mari

McHENRY COUNTY CONTINUUM OF CARE TO END HOMELESSNESS

UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

NOTICE OF FUNDING AVAILABILITY (NOFA)

CONTINUUM OF CARE PROGRAM (CoC PROGRAM)

INTRODUCTION AND INSTRUCTIONS

Subject to approval by the United States Department of Housing and Urban Development, The McHenry County Continuum of Care to End Homelessness is re-releasing an application for an allocation of CoC Funding for HUD FY 2015 available to qualified McHenry County provider entities for the purpose of executing eligible HUD Continuum of Care Homeless Management Information Systems (HMIS) activities that record required data on homeless populations. The total amount of funding to be allocated this round is **$38,000.** This amount is subject to a reduction, freeze, elimination or increase.

This RFP will operate on a three step process:

1. Prospective grantees are asked to complete the *McHenry County Continuum of Care FY 2015 CoC Funding Application* ***by 4:30 pm Thursday, August 13, 2015*** defining their intended use of CoC Funding and the amount of their request. This application should be directed to:

   Ms. Kim Ulbrich

   McHenry County Department of Planning and Development

   McHenry County Administration Building

   2200 North Seminary Avenue

   Woodstock, Illinois 60098

By email to: kaulbrich@co.mchenry.il.us

The Division staff will compile the applications review by the Project and Ranking Committee of the McHenry County Continuum of Care to End Homelessness. This review will occur on ***Friday, August 14, 2015 at 10:00 am***. Potential Applicants may be asked to present their intended use of CoC Funding and prior experience with both CoC and ESG Funding (if applicable) to this committee. This review may occur through electronic communication. This committee will review and evaluate projects in accordance with the goals of the HUD Annual and Five-Year Consolidated Plans as well as those of the McHenry County Continuum of Care to End Homelessness currently in effect.

2. This committee will make a recommendation for funding to the entire McHenry Continuum of Care to End Homelessness, which will be brought forth at the **Thursday, September 10, 2015 meeting (this begins at 9:00 am)** held at the McHenry County Mental Health Board, 620 Dakota Street, Crystal Lake, IL 60012.

3. The McHenry County Continuum of Care to End Homelessness will consider the recommendations of its Ranking Committee and will make a final vote on allocations of CoC Funding. Considerations will be made for a reduction or increase in the total funding allotment to McHenry County. Providers will then be asked to submit a full application to the United States Department of Housing and Urban Development (in conjunction with an application presented to HUD by the CoC).

These dates are subject to change and will be posted on the McHenry County website under the Community Development Division section. Appropriate public notice of this allocation and subsequent meetings has been or will be issued in accordance with compliance of the Illinois Open Meetings Act.

HOMELESSNESS MANAGEMENT INFORMATION SYSTEM The Homeless Management Information System "HMIS" is an information system designated to be used by each Continuum of Care ("CoC") to comply with the requirements of CoC regulations at 24 CFR 578. It is a locally-administered data system that is used to collect client-level data and data on Page 4 of 14 the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Following Congressional directive, HUD has supported the implementation of local Homeless Management Information Systems by: (1) providing technical support and funding to operate and administer local HMIS; and (2) undertaking a research effort to collect and analyze HMIS data from a representative sample of communities in order to understand the nature and extent of homelessness nationally. As part of this effort, HUD published HMIS Data and Technical Standards in 2004 that allowed for the collection of

standardized client and project-level data on homeless service usage among projects within a community and across all communities. The 2004 HMIS Data and Technical Standards provided a resource to enable every HMIS to capture the information necessary to fulfill HUD reporting requirements while protecting the privacy of homeless individuals. HUD published updated HMIS Data Standards in March 2010. The HEARTH Act consolidated and amended three separate homeless assistance programs carried out under Title IV of the McKinney-Vento Act into a single grant program that is designed to improve administrative efficiency and enhance response coordination and effectiveness in addressing the needs of homeless persons. The single Continuum of Care (CoC) Program established by the HEARTH Act consolidated the following programs: the Supportive Housing Program (SHP), the Shelter Plus Care program (S+C), and the Moderate Rehabilitation/Single Room Occupancy (SRO) program. The former Emergency Shelter Grants Program was renamed the Emergency Solutions Grants (ESG) Program and revised to expand essential services related to emergency shelter and street outreach and add short- and medium-term rental assistance and housing relocation and stabilization services for people who are homeless or at risk of homelessness. The new ESG Program requires that recipients and sub recipients participate in an applicable community-wide HMIS.

The McHenry County Continuum of Care to End Homelessness is seeking a potential HMIS grantee for a possible total annual allocation of $36,313. This allocation would include:

- $36,191 in annual funding for HMIS, including annual program licensing, training and staffing (expected to be at least 0.50 FTE)
- $1,809 in annual funding for administration (5%)
- Match requirements are expected to be 25% of requested grant amount
- Leverage amounts are expected to be equivalent to requested grant amount

Department of Planning and Development
McHenry County Government Center - Administration Building

2200 North Seminary Avenue
Woodstock, Illinois 60098

815 334-4560 Fax 815 337-3720
www.co.mchenry.il.us

2015 McHenry County Continuum of Care to End Homelessness Project Renewal Application

Please submit this form as your organization's intent to renew funding for any projects that are eligible for renewal. Please attach your organizations APR report # 625 for the time period below, your agency's most recent audit, match and leverage documents. Please submit you application no later than 4:00 p.m. on Wednesday July 22nd, 2015 to Kim Ulbrich at KAULbrich@co.mchenry.il.us Please call 815-334-4088 for any questions or concerns.

General Applicant Information:

Please answer questions for the period of 5/1/2014-5/1/2015

1. Organization Name:

2. List any partnerships that will be included in this application: (each agency will need to complete the application form and submit together)

3. Address:

4. Official contact person/title:

   Phone: E-mail:

5 Project Name and Type:

6. Total Budget including breakdown of cost per anticipated client of CoC funds and total cost per client of all funding: (do not include leverage)

7. Please fill in the proposed budget information for the project below.

Activities	Dollars Requested	Cash Match	Totals
1. Leasing			$ 0.00
2. Rental			$ 0.00
3. Supportive Services			$ 0.00
4. Operations			$ 0.00
5. HMIS			$ 0.00
6. Coordinated Assessment			$ 0.00
7. Admin Costs			$ 0.00

8. What is the total number of persons served during the operating year by type? Question # 8 on APR?

9. What was the total CoC cost per household for the above?

10. What is the total number of clients your project is projected to serve for the program year 2015?

11. Have there been any changes to this project's budget, housing, and/or supportive services as was submitted in last year's application for funding?

12. Is this project a reallocation?

13. What is the percentage of clients who have increased their earned income? (Question 36 2b on APR)

14. What is the percentage of clients who increased their resources through employment or benefits? (Question 36 2a on APR)

15. Permanent Housing only- what percentage of clients remained in permanent housing for at least six months and or exited to other permanent housing? (Question # 36 on APR).

16. Permanent Housing- Did the project significantly increase the number of chronically homeless clients placed in permanent housing compared to the previous year? If so, by how many clients?

17. Transitional Housing only- What percentage of clients who left the project went into permanent housing? (Question # 36b on APR).

18. Transitional Housing- Did the project significantly increase the number of clients place in permanent housing compared to the previous year? If yes, by how many clients?

19. Rapid Rehousing only- What is the percentage of clients housing within 30 days of project entry? What is the percentage of clients housed at 6 months after placement? What is the percentage of clients remaining housed at 12 months after placement? (Question 36a on APR).

20. For the 2015 NOFA how many beds of the total beds/slots in the project will be designated to serve persons who meet the HUD's definition of chronically homeless in McHenry County?

21. What procedures does your agency have to fill the CH beds/slots?

22. For the 2015 NOFA what percentage of the project's population will be targeted to serve:

a) Clients with Substance addictions
b) Households with children
c) Mentally disabled
d) Physically disabled
e) Veterans
f) Victims of Domestic Violence
g) Elderly (50+)
h) Youth (18-24)

_____ _____

Signature Date

Please give a brief description of your project:

2015 McHenry County Continuum of Care to End Homelessness New Project Application

Please submit this form as your organization's intent to apply funding for new. If applying for the first time please attach organization confirmation of IRS 501(c)(3) letter, your agency's most recent audit, resumes and responsibilities of current staff, match and leverage documents. Please submit you application no later than 4:00 p.m. on Wednesday July 22nd, 2015 to Kim Ulbrich at KAULbrich@co.mchenry.il.us Please call 815-334-4088 for any questions or concerns.

General Applicant Information:

1. Organization Name:

2. List any partnerships that will be included in this application: (each agency will need to complete the application form and submit together)

3. Address:

4. Official contact person/title:

   Phone: E-mail:

5 Project Name and Type:

6. Total Budget including breakdown of cost per anticipated client of CoC funds and total cost per client of all funding:

7. Please fill in the proposed budget information for the project below.

Activities	Dollars Requested	Cash Match	Totals
1. Leasing	$	$	$ 0.00
2. Rental	$	$	$ 0.00
3. Supportive Services	$	$	$ 0.00
4. Operations	$	$	$ 0.00
5. HMIS	$	$	$ 0.00
6. Coordinated Assessment	$	$	$ 0.00
7. Admin. Costs	$	$	$ 0.00

8. What is the total number of clients your project is projected to serve for the program year 2015?

9. Does your project fill a critical gap in the in housing or services

10. For the 2015 NOFA how many beds of the total beds/slots in the project will be designated to serve persons who meet the HUD's definition of chronically homeless in McHenry County?

11. What procedures does your agency have to fill the CH beds/slots?

12. What percentage of your clients will have barriers to obtain housing? Examples: criminal history, history of eviction, credit history, insufficient or no personal ID.

13. What percentage of clients have barriers to retain housing? Examples: Homeless history, household conflicts, lack of basic living skills, little to no employment history.

14. For the 2015 NOFA what percentage of the project's population will be targeted to serve:

    a) Clients with Substance addictions
    b) Households with children
    c) Mentally disabled
    d) Physically disabled
    e) Veterans
    f) Victims of Domestic Violence
    g) Elderly (50+)
    h) Youth (18-24)

_____ _____

Signature Date

Please give a brief description of your project:

McHenry County Continuum of Care to End Homelessness

Renew Project: 2015 Ranking Form

Project Name:

Organization Name:

Scoring Criteria- Based on FY2013 Funded Projects For Performance and 2015 Project Renewal Form	Source	Possible Points	Project Points
HMIS Data Quality is 95% or better 5 points, 90% to 94% 2 points. 90% and below 0 points	HMIS	5	
Monitoring Findings/Concerns from Any agency: 5 Points awarded for no findings or concerns, 0-3 points are awarded based on the severity and subsequent remediation.	PFR	5	
Re-Captured Funds: 5 points are awarded if no funds are recaptured; 4 points are awarded if recaptured funds are less than 0.5% of the total budget, 3 points if recaptured funds are less than 1%, 2 points if funds are less than 2%.	PFR	5	
25% Match: 5 Points are awarded for projects who provided proof of match	PFR	Pass/Fail	
Leverage for CoC Projects: 5 points are awarded to projects who have submitted written documentation to evidence commitment. Applicants are encouraged to have at minimum 2:1 ratio	PFR	Pass/Fail	
CoC Involvement: 0-10 points are awarded based on 100% attendance at meetings and participation in CoC committees.10points for 100%, 8 points for 90%, 6 points for 85%, 5 points for 80%, 4 points for 75% Applies to7/1/2014-7/1/2015	COC	10	
Hard to Serve Clients			
% of Entries as literally homeless	PFR	5	
% of Entries with no income	PFR	5	
% of Entries from other Homeless Programs	PFR	5	
Employment Outcomes: (for all projects) 0-5 points are awarded based on the percentage of participants in CoC funded projects that have increased their income from employment at program exit as compared to the CoC's goal benchmark of 24%. 5 points= 24% or higher, 4 points= 20%-23%, 3 points=16-19% 2points=10 - 15%	APR Summary	5	
Increased resources: (for all projects)	APR Summary	5	

Points are awarded for clients who increased their resources through employment or benefits while enrolled in the project as compared to the CoC's goal benchmark of 54%. 5 points= 54% or higher, 4 points= 50-53%, 3 points =46-49%, 2 points=42-45%			
Did Project meet projected goals for FY2013	PFR/APR	5	
Number of Clients Served with FY 2013 Funding: 5 points are awarded for serving over 60, 4 points are awarded for 40-59 served, 3 points are awarded for 20-39 served , 2 points for 19- 7 served	PRF/APR Summary	5	
2015 Cost per anticipated client served with CoC funds	PRF	5	
Permanent Supportive Housing Only: 0-5 points are awarded based on the percentage of participants remaining in CoC funded permanent housing projects for at least six months and or exited to other permanent housing as compared to CoC's goal benchmark of 85%. 5 points for 85% or higher, 4 points for 75% -84%, 3 points for 65%-74%- 2 points for 55-64%	APR Summary	5	
Transitional Housing Only: 0-5 points are awarded based on the percentage of participants in CoC funded transitional housing that move into permanent housing to the compared to the 85% CoC goal Benchmark. 85% or higher 5 points, 75% to 84% 4 points, 65% to 74% 3 points, 55% to 64% 2 points	APR Summary	5	
Rapid Rehousing Only: % of clients housed in 30 days, % of clients housed at 6 months, % of clients remaining housed at 12 months. 5 Points for 75% or higher, 4 points for 71% to 74% 4 points, 67% to 70%, 3 points 63% to 66% 2 points	PFR/APR	5	
Local Targeting for 2015 projects: 3 points are awarded for Substance Abuse, 2 points awarded for Households with Children, 1 point each for Mentally ill, Physically Disabled, Veterans, Victims of Domestic Violence, Elderly (50+), Youth (18-24)-			

Total Points 121

Project Points _____

_____ _____

Ranking Committee Member ***Signature***

McHenry County Continuum of Care to End Homelessness

CoC Program Administration and Monitoring

Approved By: **McHenry County Continuum of Care to End Homelessness**
Effective Date: May 14, 20015

Purpose:	To effectively administer the federal grant funds, specific standards for operating and managing the CoC Program are defined to include general recordkeeping requirements, fiscal management, program participant records, and enforcement procedures.
Standard:	Grant recipients and subrecipients under the Continuum of Care (CoC) Program are required to show compliance with regulations through appropriate program implementation, administration and recordkeeping.
Scope:	Recipients and subrecipients of CoC Program funds, the CoC Collaborative Applicant, and the HMIS Lead.
Authority For Code:	Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act Code of Federal Regulation (CFR) for the CoC Program 24 CFR Part 578, Subpart G Grant Administration, and the Office of Management Budget (OMB) to include OMB Circular A-133 Audits of States, Local Government and Non-profit Organizations and 24 CFR Part 85; the Lead-based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846); the Section 3 of the Housing and Urban Development Act 24 CFR Part 135; and Environmental review activities subject to 24 CFR Part 50.

Responsibilities:

1. **DEFINITIONS**

1.1 **Collaborative Applicant** is defined to mean an instrumentality of state or local government, local government, nonprofit, state, or public housing authority that has been designated by the Continuum of Care to collect the required application information from all projects within the geographic area of the Continuum and apply for a grant.

1.2 **Recipient** is defined to mean an applicant that signs a grant agreement with the U.S. Department of Housing and Urban Development (HUD), as defined in Section 424 of the McKinney-Vento Act.

1.3 **Subrecipient** is defined to mean a private nonprofit organization, State or local government, or instrumentality of a State or local government that receives a subgrant from the recipient to operate a project. The definition of "subrecipient" is consistent with the definition of "project sponsor" found in Section 401 of the McKinney-Vento Act.

CoC Program Administration and Monitoring

2. PROGRAM MONITORING

The McHenry County Planning and Development Department (the Collaborative Applicant), will establish and maintain standard procedures for ensuring that Continuum of Care (CoC) Program funds are used in accordance with federal requirements, and will establish and maintain sufficient records to enable the U.S. Department of Housing and Urban Development (HUD) to determine whether the recipient and its subrecipients are meeting the requirements of 24 CFR Part 578.

To support this role and responsibility, CoC Program monitoring activities will include financial and program compliance outlined in 24 CFR Part 578 identified in this policy and the supporting CoC Program Monitoring Checklist found in the Appendices.

The United States Department of Housing and Urban Development (HUD) maintains responsibility for monitoring all CoC recipients, and this will include monitoring a sample of subrecipients when a recipient is selected for HUD program monitoring.

3. ADMINISTRATION AND GENERAL RECORDKEEPING

Administration and recordkeeping activities include, but are not limited to:

3.1 Continuum of Care Records (24 CFR 578.103(a)(1))

As the jurisdiction's CoC Collaborative Applicant, the McHenry County Planning and Development Department will maintain documentation relating to establishment and operations of the local Continuum of Care (CoC), as governed by the McHenry County Housing and Supportive Services Network (HSSN).

3.2 Program Records (24 CFR 578.103(a)(3 through 17)

Recipients and subrecipients will maintain documentation relating to implementation and operations of CoC Program projects, to include:

a) *Homeless Status* – Documentation of literal homelessness as defined in 24 CFR Part 576.500(b).
b) *At Risk of Homeless Status* – Documentation that establishes "at risk of homelessness" status of each individual or family who receives homelessness prevention assistance as defined in 24 CFR Part 576.500(c).
c) *Reasonable Belief of Imminent Threat of Harm* – Documentation for people who moved to a different Continuum of Care (region) due to imminent threat of further domestic violence, dating violence, sexual assault, or stalking under 24 CFR Part 578.51(c)(3).
d) *Annual Income* – Documentation of annual income for people receiving housing assistance where rent or occupancy charge is paid by the program participant to the recipient/subrecipient, and documentation of annual program income expenditures.
e) *Program Participant Records* – Documentation for each program participant receiving services, an annual assessment of services for those program participants

that remain in the program for more than a year, and compliance with the termination of assistance requirements under 24 CFR 578.91.

f) *Housing Standards* - Documentation of compliance with the housing quality standards (HQS), to include inspection reports under 24 CFR 578.75(b).

g) *Services Provided* – Documentation of supportive services provided under the recipient or subrecipients program and the amounts spent on those services, to include the annual assessment of services for participants and that the service package offered to program participants was adjusted, as applicable.

h) *Match* – Records of the source and use of contributions made to satisfy the match requirement in 24 CFR 478.73, to include the records of match provided by subrecipients. The record will show how the value placed on third party in-kind contributions was derived.

i) *Conflicts Of Interest* – Documentation to show compliance with organizational conflict-of-interest requirements.

j) *Homeless Participation* – Documentation to show compliance with the homeless participation requirements.

k) *Faith-based Activities* – Documentation to show compliance with the faith-based requirements under 24 CFR 578.87(b), as applicable.

l) *Affirmatively Furthering Fair Housing* – Maintain marketing, outreach and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 478.93(c).

m) *Other Federal Requirement* – Documentation in support of compliance with 24 CFR 578.99, as applicable. www.fsrs.gov

n) *Subrecipients And Contractors* – The recipient will retain copies of all solicitations from and agreements with subrecipients, records of payment requests and payments, and documentation of monitoring findings with corrective actions and sanctions of subrecipients, as applicable.

o) *Other Records Specified by HUD* - Other documentation defined in 24 CFR 578.103(a)(17).

3.3 Confidentiality (24 CFR Part 578.103(b)

In addition to meeting the specific confidentiality and security requirements for HMIS data, the recipient and subrecipient will establish written procedures to ensure records containing program participant identifying information are kept secure and confidential, address or location of violence program site will not be made public, and the address or location of any housing of a program participant will not be made public.

3.4 Record Retention (24 CFR Part 578.103(c)

All records pertaining to CoC Program funds must be retained for the greater of 5 years from grant close-out, and 15 years from the date first occupied for acquisition, construction, and/or rehabilitation programs.

3.5 Access To Records (24 CFR Part 578.103(d)

All records are subject to Federal and public rights as outlined in this rule. Notwithstanding the confidentiality procedures, HUD, the HUD Office of the Inspector General, and the Comptroller General of the United States, or any of their authorized

representatives, must have the right of access to all books, documents, papers, or other records of the recipient and its subrecipients that are pertinent to the CoC Program grant audits, examinations, excerpts, and transcripts.

3.6 Reports (24 CFR Part 578.103(e)
In addition to reports outlined in 24 CFR parts 84 and 85, the recipient must collect and report data on CoC Program funds in an Annual Performance Report (APR), as well as any additional reports required by HUD.

3.7 Financial Management
Monitoring of CoC Programs will include internal controls to include:

a) Documentation demonstrating compliance with the Single Audit Act of 1984 and OMB Circular A-133 ("Audits of State, Local Governments, and Non-Profit Organizations"). All non-Federal entities that expend $500,000 or more of Federal awards in a year are required to obtain an annual audit in accordance with the Single Audit Act Amendments of 1996, OMB Circular A-133, the OMB Circular Compliance Supplement and Government Auditing Standards.

b) Compliance with the Federal Procurement Management Review under the Federal Suspension and Debarment. www.gsa.gov or http://www.gsaig.gov/index.cfm/suspension-and-debarment-listed-by-state/

4. GRANT AND PROJECT CHANGES

The recipient and subrecipients may not make any significant changes to a project without prior HUD approval, evidenced by a grant amendment signed by HUD and the recipient. Any other minor changes to an approved grant must be fully documented in the recipient and subrecipient records.

4.1 Significant changes include a change of recipient and subrecipient, a change of project site, additions or deletions of the types of eligible activities approved for a project, a shift of more than10 percent from one approved eligible activity to another, a reduction in the number units, and a change in the subpopulation served.

4.2 Minor changes or program revisions that require recipient approval before the recipient or subrecipient can implement the change include all budget changes, a shift in funded program activities, and any program change not referenced in item 4.1 of this policy.

5. REMEDIAL ACTIONS AND SANCTIONS

The Collaborative Applicant will review the performance of each recipient in carrying out its responsibilities. This will occur through annual on-site monitoring visits, A-133 and other financial audit reports, information generated by HUD financial and reporting systems (e.g. LOCCS and e-snaps), HMIS, the Annual Performance Report (APR) and, where applicable, relevant information pertaining to recipient and subrecipient performance gained from other sources, to include citizen comments, complaint determinations, and litigation.

For programs that fail to meet program requirements:

5.1 The Collaborative Applicant shall notify the recipient and subrecipient of the non-performance and/or non-compliance with CoC Program regulations, and/or citizen comments and complaints.

5.2 If the recipient determines that a subrecipient is not complying with a program requirement or its subrecipient agreement; the recipient must take action through the following process:

a) The recipient will document the subrecipient non-compliance with the CoC Program regulations and develop corrective actions designed to prevent a continuation of the deficiency, to mitigate to the extent possible, its adverse effects, and to prevent its recurrence. This report will be submitted to the Collaborative Applicant.
b) The Collaborative Applicant will review program performance and compliance to the CoC Program regulations, and present the proposed corrective actions and sanctions to the McHenry County Continuum of Care. The recipient and subrecipient will attend the meeting to support the development of a schedule with milestones necessary to implement the corrective actions. The outcome of this review will be a Management Plan that assigns responsibilities for carrying out the remedial actions and dates for evaluating activities.
c) The recipient and subrecipient may appeal the decision. The appeal process is stated in the current CoC bylaws.

6. ON-SITE MONITORING

Annually, the Collaborative Applicant will contact the CoC Program recipients and subrecipients to schedule an on-site monitoring visit and confirm the monitoring visit in a written letter (refer to Appendix A) which will include a copy of the CoC Program Monitoring Checklist (refer to Appendix B) and the A-133 Audit Compliance Review Form (refer to Appendix C).

6.1 On-site monitoring visits will be coordinated, when possible, for programs that receive both CoC Program and Emergency Solution Grant (ESG) funds. The McHenry County Department of Planning and Development, the recipient of CoC Program funds, recipient of ESG funds, will coordinate to accomplish monitoring on behalf of both federal funds during one on-site monitoring visit.

6.2 Within 45 calendar days of completing the on-site monitoring, the Collaborative Applicant will prepare a written letter summarizing the PASS/FAIL monitoring compliance notification, and any findings or audit concerns.

6.3 The subrecipient will have 30 calendar days to provide written response to the on-site monitoring compliance notification letter.

7. APPENDICES

Appendix A: Notice of CoC Program On-site Monitoring Visit
Appendix B: CoC Program Monitoring Tool
Appendix C: A-133 Audit Compliance Review Form

Appendix A: Notice of McHenry County CoC Program On-site Monitoring Visit

<<Date>>

<Contact Name, Title>
<Agency Name>
<Address>
<City, State Zipcode>

Re: Continuum of Care (CoC) Program On-Site Monitoring
Project Name: _____
HUD Project #: _____
Grant Term: _____ to _____

Dear <Contact Name>:

The McHenry County Planning and Development Department will be conducting annual visits to perform on-site monitoring of programs funded under the CoC Program, a McKinney-Vento Act homeless assistance program as defined in 24 CFR Part 578.

The on-site monitoring is scheduled on:
Date/Time
Location

In preparation for this visit, please assign a staff member as the point of contact who will have access to the program files. Enclosed is a copy of the CoC Program Monitoring Checklist that will be completed during the monitoring visit.

Prior to the monitoring visit, please compose a letter from your agency certifying that federal funding either DID or DID NOT trigger the A-133 Audit requirements. This letter should be signed by your Chief Financial Officer or your Executive Director, and be submitted during the on-site monitoring visit. Please have available for review a copy of your most recent financial audit.

I look forward to working with you to ensure compliance to the federal standards for the CoC Program serving homeless individuals and families in Washington County. If you have questions regarding the on-site monitoring, please contact me at 815-3344088 or email at KAUlbrich@co.mchenry.il.us

Sincerely,

Kim Ulbrich, Community Development Specialist
McHenry County Planning and Development Department
Community Development Division

Performed by: McHenry County Continuum's Collaborative Agent- McHenry County Planning and Development Department

Monitoring of CoC Program project of:

☐ Recipient Agency

☐ Subrecipient Agency

Date Monitored:_____

Agency Point of Contact:

Contact Information:

Agency Alternate:

Contact Information:

Agency:

Agency Phone:

GENERAL RECORDKEEPING	YES	NO	N/A	COMMENTS
A. Are all records regarding the project (outside of financial records) centrally located?				
B. Do these records contain:				
1. CoC Program Grant Agreement with Federal Register HEARTH Act Rules				
2. Grant Agreement Amendments and Budget Revisions				
4. Certificate of Liability Insurance				
5. Declaration of Restrictive Covenant, Trust Deed and Promissory Note (Acquisition, Construction & Rehab only)				
6. General correspondence relating to project				
C. Did the recipient accrue any costs to the CoC Program grant prior to receiving the Notice To Proceed?				
D. Does the agency subcontract for any services under the CoC Program?				
1. Is the approval to subcontract on file?				
2. Are Grant Agreement requirements passed along to subrecipients/subcontractors?				
E. Does the agency have a record retention policy compliant with 24 CFR Part 578.103(17)? [CoC program records 5 years and acquisition/construction/rehab 15 years]				
F. Are homeless or formerly homeless persons participating on board of directors or other equivalent policy-making entity of the recipient or subrecipient? (24 CFR 578.75(g))				
G. Does the agency Affirmatively Further Fair Housing as documented by their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 578.93(c)?				
H. In addition to meeting the specific confidentiality and security requirements for HMIS data, does the agency have a policy on client confidentiality or a filing system to safeguard client confidentiality? [24 CFR 578.103(b)]				
I. Is HMIS Privacy Posting displayed? Can agency staff provide a copy of the *Privacy Notice to Consumers of Services?*				
J. Does the agency retain documentation of compliance with the Housing Standards in 24 CFR 578.75(b), including inspection reports.				
K. Does the agency retain documentation of compliance with the faith-based activities requirements under 24 CFR 578.87(b)? *if applicable*				
L. Does the agency retain documentation of compliance with the Transparency Act Reporting under the Office of Management and Budget (OMB) Circulars 24 CFR Part 84 and 85 Administrative Requirements for Grants and Agreements, Circular A-133 Single Audit, and other federal requirements in compliance with 24 CFR 578.99?				
M. Does the agency retain documentation of compliance with Lead-based Paint Poisoning Prevention Act 42.U.S.C. 4821-4846.				

FINANCIAL RECORDS	YES	NO	N/A	COMMENTS
A. Are all project financial records centrally located?				
B. Does the agency financial management system provide evidence that there are controls in place to account for all funds, property, and other assets?				
C. Does the agency financial system have separate account numbers for each project activity? Does the separate account number identify project costs on line item basis?				
D. Does the agency compare budgeted line item costs against incurred costs in order to identify over/under spending on a line item basis so that adjustments can be made in a timely fashion?				
E. Are expenditures supported by timesheets, invoices, contracts, purchase orders, etc? *Note: Timesheets must be signed by the employee and his/her supervisor.*				
F. Are direct salaries and wages of employees that are chargeable to a particular grant program or more than one grant program supported by time distribution records?				
G. Does the agency provide no less than 25% monthly in funds or in-kind contributions from other sources as match for HUD-funded grant funds, except for leasing? (24 CFR Part 578.73)				
H. Before grant execution, did the agency provide a third party documentation (e.g. MOU) between the agency and the third party that will provide the services? (24 CFR 578.73(c)(3)) Note: Agency will provide for inspection the records documenting the service hours provided.				
I. Does the agency prepare and submit monthly, or at a minimum quarterly, reimbursement reports?				
J. Does agency understand that project records need to be retained for a minimum of five (5) years after close-out of the grant or clearance of any audit findings, and 15 years after close-out of a grant that funds acquisition, construction or rehabilitation activities?				
K. Has the agency been audited by independent auditors? If yes, were there any findings that the recipient is required to resolve? *Note: Obtain a copy of the agency's most recently completed audit.*				
L. Is the agency currently registered with Central Contractors registration (CCR) System?				
M. Has any program income been generated through any CoC Program-funded activities? (24 CFR Part 578.103(a)(6))				
N. If program income has been generated, has the agency reported the income generated through the use of the CoC Program funds?				
O. If program income has been generated, has the program income been disbursed only for eligible CoC Program activities?				
P. Has the agency expended program income to pay program costs prior to making further HUD-fund cash withdrawals?				
Q. Is the agency in compliance with Circular A-122, Cost Principles for Non-Profit Organizations, which outlines the project costs that are and are not eligible for payment with federal funds; and 24 CFR Part 84, Uniform Administrative Requirements for Grants and Agreements with Institutions of High Education, Hospitals, and Other Non-Profit Organizations?				

Program Participant HMIS Unique ID #:_____

Complete this checklist for each Program Participant file audited. Scope is 25% annual program participant case files will be randomly selected for review. This may include case files closed in the past 12 months.

PROGRAM PARTICIPANT FILE RECORDKEEPING	YES	NO	N/A	COMMENTS
A. Are all records regarding the program participant centrally located?				
B. Do these records contain:				
1. Documentation that program participant has been screened via centralized assessment system) *(if applicable* and determined eligible for CoC Program assistance				
2. Documentation for verification of homeless status				
3, Are program participants coming from the target population identified in the grant application; e.g. mental illness, etc.?				
4. Does the file include verification of the participant's disability? [For Permanent Supportive Housing]				
5. Documentation for all sources of income				
6. Summary of steps taken to verify that the participant does not receive other subsidies for rent, utilities, etc.				
7. Documentation of search in HMIS for duplicative services AND prior rental/utility assistance to ensure maximum number of payments are not exceeded.				
8. Does the file contain documentation of total adjusted income and rent calculation? Annual re-certification?				
9. Evidence that Race and Ethnicity data is tracked according to federal reporting requirements.				
10. Documentation supporting that CoC Program assistance has ended, that the household is no longer in need of services, and household has been exited out of HMIS.				
11. Documentation for termination if the participant has been terminated from the program.				
C. Documentation that the case manager has met with the household at least monthly during their program enrollment period to develop individual service plan. Do these records include:				
1. Program intake/eligibility documentation; e.g. participant application, executed release of information forms, etc.				
2. Identification; e.g. government issued proof of citizenship: birth certificate, social security card, driver license, passport				
3. HMIS Consent to Release Information Form signed by both client and staff				
4. Is there a completed HMIS Entry/Exit form in the file? Is exiting data completed if the case is closed?				
5. Evidence of referrals to mainstream resources, etc.				
6. Copy of household budget and budget goals				
7. Are the most recent income FMR and Rent Reasonableness guidelines being used?				
8. For transitional housing, do the entry-exit dates exceed the 24-month limitation of stay? Does the file explain the need?				
9. Completed Housing Quality Standards (HQS) Inspection (24 CFR 578.75(b)) *Note: Initial HQS inspection plus annual inspections.*				*CoC Program rent assistance requires HQS inspection; this is performed and documented by the*

This section will monitor the performance outcomes and deficiencies of the HUD-funded project using the most recent Annual Performance Report (APR) submitted to HUD.

The review will occur during the on-site monitoring visit between the Collaborative Applicant and the Agency Program Manager or his/her designee.

Annual Performance Report grant period: ___/___/_____ to ___/___/_____

PROGRAM PERFORAMANCE	YES	NO	N/A	COMMENTS
A. Did the agency and recipient complete and submit documentation in support of the Annual Performance Report (APR) within 90-days following the grant term? If not, why?				
B. Is the number of participants being served consistent with the number of participants targeted in the grant application?				
1. If not, explain				
C. Is the number of Chronically Homeless served consistent with the grant application?				
D. How many participants moved to permanent housing during a 12-month period? Does this meet the goal established in the grant application?				
1. If not, what actions are being taken to improve this outcome?				
E. How many adult participants improved their earned income through employment by program exit? Does this meet the goal established in the grant application?				
1. If not, what actions are being taken to improve this outcome?				
F. How many adult participants improved their non-cash income through mainstream resources? Does this meet the goal established in the grant application?				
1. If not, what actions are being taken to connect participants to mainstream resources?				
G. Do participants exit the program with greater self-determination and stable housing?				
1. If not, what programmatic changes or resources would improve the self-determination and self-sufficiency of program participants?				
H. Are drawdowns made on a quarterly basis?				
Comments:				

APPENDIX C: A-133 Audit Compliance Review Form

A-133 Audit Compliance Review Form

Internal document for review of the A-133 Audit document provided by CoC Program funded agency (Project Sponsor)

Agency Name: _____

Audit Year End: _____

Next Audit Due: _____

Most Recent Audit Received: _____

Program Findings:

No _____ If Yes, provide detail below:

Yes _____

1. _____

2. _____

3. _____

4. _____

5. _____

If findings or concerns are evident, provide follow-up action taken with the agency.

1. _____

2. _____

3. _____

4. _____

5. _____

Reviewed by: _____

Date Reviewed: _____

McHENRY COUNTY CONTINUUM OF CARE TO END HOMELESSNESS

UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

NOTICE OF FUNDING AVAILABILITY (NOFA)

CONTINUUM OF CARE PROGRAM (CoC PROGRAM)

INTRODUCTION AND INSTRUCTIONS

Subject to approval by the United States Department of Housing and Urban Development, The McHenry County Continuum of Care to End Homelessness is re-releasing an application for an allocation of CoC Funding for HUD FY 2015 available to qualified McHenry County provider entities for the purpose of executing eligible HUD Continuum of Care Homeless Management Information Systems (HMIS) activities that record required data on homeless populations. The total amount of funding to be allocated this round is **$38,000.** This amount is subject to a reduction, freeze, elimination or increase.

This RFP will operate on a three step process:

1. Prospective grantees are asked to complete the *McHenry County Continuum of Care FY 2015 CoC Funding Application* ***by 4:30 pm Thursday, August 13, 2015*** defining their intended use of CoC Funding and the amount of their request. This application should be directed to:

   Ms. Kim Ulbrich

   McHenry County Department of Planning and Development

   McHenry County Administration Building

   2200 North Seminary Avenue

   Woodstock, Illinois 60098

By email to: kaulbrich@co.mchenry.il.us

The Division staff will compile the applications review by the Project and Ranking Committee of the McHenry County Continuum of Care to End Homelessness. This review will occur on ***Friday, August 14, 2015 at 10:00 am.*** Potential Applicants may be asked to present their intended use of CoC Funding and prior experience with both CoC and ESG Funding (if applicable) to this committee. This review may occur through electronic communication. This committee will review and evaluate projects in accordance with the goals of the HUD Annual and Five-Year Consolidated Plans as well as those of the McHenry County Continuum of Care to End Homelessness currently in effect.

2. This committee will make a recommendation for funding to the entire McHenry Continuum of Care to End Homelessness, which will be brought forth at the **Thursday, September 10, 2015 meeting (this begins at 9:00 am)** held at the McHenry County Mental Health Board, 620 Dakota Street, Crystal Lake, IL 60012.

3. The McHenry County Continuum of Care to End Homelessness will consider the recommendations of its Ranking Committee and will make a final vote on allocations of CoC Funding. Considerations will be made for a reduction or increase in the total funding allotment to McHenry County. Providers will then be asked to submit a full application to the United States Department of Housing and Urban Development (in conjunction with an application presented to HUD by the CoC).

These dates are subject to change and will be posted on the McHenry County website under the Community Development Division section. Appropriate public notice of this allocation and subsequent meetings has been or will be issued in accordance with compliance of the Illinois Open Meetings Act.

HOMELESSNESS MANAGEMENT INFORMATION SYSTEM The Homeless Management Information System "HMIS" is an information system designated to be used by each Continuum of Care ("CoC") to comply with the requirements of CoC regulations at 24 CFR 578. It is a locally-administered data system that is used to collect client-level data and data on Page 4 of 14 the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Following Congressional directive, HUD has supported the implementation of local Homeless Management Information Systems by: (1) providing technical support and funding to operate and administer local HMIS; and (2) undertaking a research effort to collect and analyze HMIS data from a representative sample of communities in order to understand the nature and extent of homelessness nationally. As part of this effort, HUD published HMIS Data and Technical Standards in 2004 that allowed for the collection of

standardized client and project-level data on homeless service usage among projects within a community and across all communities. The 2004 HMIS Data and Technical Standards provided a resource to enable every HMIS to capture the information necessary to fulfill HUD reporting requirements while protecting the privacy of homeless individuals. HUD published updated HMIS Data Standards in March 2010. The HEARTH Act consolidated and amended three separate homeless assistance programs carried out under Title IV of the McKinney-Vento Act into a single grant program that is designed to improve administrative efficiency and enhance response coordination and effectiveness in addressing the needs of homeless persons. The single Continuum of Care (CoC) Program established by the HEARTH Act consolidated the following programs: the Supportive Housing Program (SHP), the Shelter Plus Care program (S+C), and the Moderate Rehabilitation/Single Room Occupancy (SRO) program. The former Emergency Shelter Grants Program was renamed the Emergency Solutions Grants (ESG) Program and revised to expand essential services related to emergency shelter and street outreach and add short- and medium-term rental assistance and housing relocation and stabilization services for people who are homeless or at risk of homelessness. The new ESG Program requires that recipients and sub recipients participate in an applicable community-wide HMIS.

The McHenry County Continuum of Care to End Homelessness is seeking a potential HMIS grantee for a possible total annual allocation of $36,313. This allocation would include:

- $36,191 in annual funding for HMIS, including annual program licensing, training and staffing (expected to be at least 0.50 FTE)
- $1,809 in annual funding for administration (5%)
- Match requirements are expected to be 25% of requested grant amount
- Leverage amounts are expected to be equivalent to requested grant amount

Department of Planning and Development
McHenry County Government Center - Administration Building

2200 North Seminary Avenue
Woodstock, Illinois 60098

815 334-4560 Fax 815 337-3720
www.co.mchenry.il.us

2015 McHenry County Continuum of Care to End Homelessness Project Renewal Application

Please submit this form as your organization's intent to renew funding for any projects that are eligible for renewal. Please attach your organizations APR report # 625 for the time period below, your agency's most recent audit, match and leverage documents. Please submit you application no later than 4:00 p.m. on Wednesday July 22nd, 2015 to Kim Ulbrich at KAULbrich@co.mchenry.il.us Please call 815-334-4088 for any questions or concerns.

General Applicant Information:

Please answer questions for the period of 5/1/2014-5/1/2015

1. Organization Name:

2. List any partnerships that will be included in this application: (each agency will need to complete the application form and submit together)

3. Address:

4. Official contact person/title:

   Phone: E-mail:

5 Project Name and Type:

6. Total Budget including breakdown of cost per anticipated client of CoC funds and total cost per client of all funding: (do not include leverage)

7. Please fill in the proposed budget information for the project below.

Activities	Dollars Requested	Cash Match	Totals
1. Leasing			$ 0.00
2. Rental			$ 0.00
3. Supportive Services			$ 0.00
4. Operations			$ 0.00
5. HMIS			$ 0.00
6. Coordinated Assessment			$ 0.00
7. Admin Costs			$ 0.00

8. What is the total number of persons served during the operating year by type? Question # 8 on APR?

9. What was the total CoC cost per household for the above?

10. What is the total number of clients your project is projected to serve for the program year 2015?

11. Have there been any changes to this project's budget, housing, and/or supportive services as was submitted in last year's application for funding?

12. Is this project a reallocation?

13. What is the percentage of clients who have increased their earned income? (Question 36 2b on APR)

14. What is the percentage of clients who increased their resources through employment or benefits? (Question 36 2a on APR)

15. Permanent Housing only- what percentage of clients remained in permanent housing for at least six months and or exited to other permanent housing? (Question # 36 on APR).

16. Permanent Housing- Did the project significantly increase the number of chronically homeless clients placed in permanent housing compared to the previous year? If so, by how many clients?

17. Transitional Housing only- What percentage of clients who left the project went into permanent housing? (Question # 36b on APR).

18. Transitional Housing- Did the project significantly increase the number of clients place in permanent housing compared to the previous year? If yes, by how many clients?

19. Rapid Rehousing only- What is the percentage of clients housing within 30 days of project entry? What is the percentage of clients housed at 6 months after placement? What is the percentage of clients remaining housed at 12 months after placement? (Question 36a on APR).

20. For the 2015 NOFA how many beds of the total beds/slots in the project will be designated to serve persons who meet the HUD's definition of chronically homeless in McHenry County?

21. What procedures does your agency have to fill the CH beds/slots?

22. For the 2015 NOFA what percentage of the project's population will be targeted to serve:

a) Clients with Substance addictions
b) Households with children
c) Mentally disabled
d) Physically disabled
e) Veterans
f) Victims of Domestic Violence
g) Elderly (50+)
h) Youth (18-24)

_____ _____

Signature Date

Please give a brief description of your project:

2015 McHenry County Continuum of Care to End Homelessness New Project Application

Please submit this form as your organization's intent to apply funding for new. If applying for the first time please attach organization confirmation of IRS 501(c)(3) letter, your agency's most recent audit, resumes and responsibilities of current staff, match and leverage documents. Please submit you application no later than 4:00 p.m. on Wednesday July 22nd, 2015 to Kim Ulbrich at KAULbrich@co.mchenry.il.us Please call 815-334-4088 for any questions or concerns.

General Applicant Information:

1. Organization Name:

2. List any partnerships that will be included in this application: (each agency will need to complete the application form and submit together)

3. Address:

4. Official contact person/title:

   Phone: E-mail:

5 Project Name and Type:

6. Total Budget including breakdown of cost per anticipated client of CoC funds and total cost per client of all funding:

7. Please fill in the proposed budget information for the project below.

Activities	Dollars Requested	Cash Match	Totals
1. Leasing	$	$	$ 0.00
2. Rental	$	$	$ 0.00
3. Supportive Services	$	$	$ 0.00
4. Operations	$	$	$ 0.00
5. HMIS	$	$	$ 0.00
6. Coordinated Assessment	$	$	$ 0.00
7. Admin. Costs	$	$	$ 0.00

8. What is the total number of clients your project is projected to serve for the program year 2015?

9. Does your project fill a critical gap in the in housing or services

10. For the 2015 NOFA how many beds of the total beds/slots in the project will be designated to serve persons who meet the HUD's definition of chronically homeless in McHenry County?

11. What procedures does your agency have to fill the CH beds/slots?

12. What percentage of your clients will have barriers to obtain housing? Examples: criminal history, history of eviction, credit history, insufficient or no personal ID.

13. What percentage of clients have barriers to retain housing? Examples: Homeless history, household conflicts, lack of basic living skills, little to no employment history.

14. For the 2015 NOFA what percentage of the project's population will be targeted to serve:

    a) Clients with Substance addictions
    b) Households with children
    c) Mentally disabled
    d) Physically disabled
    e) Veterans
    f) Victims of Domestic Violence
    g) Elderly (50+)
    h) Youth (18-24)

_____ _____

Signature Date

Please give a brief description of your project:

		HOS- SHORT TERM FAMILIES	PTS
HMIS	HMIS	93%	2
COC ATTENDENCE	COC ATTENDENCE	100%	10
	MONITORING FINDINGS	0	5
	PROOF OF MATCH	Y	P
	LEVERAGE	Y	P
% EMPLOYMENT OUTCOMES/EARNED	% EMPLOYMENT OUTCOMES/EARNED	41%	5
% INCREASED RESOURCES	% INCREASED RESOURCES		
% PERMANENT HOUSING 6 MONTH OR MORE	% PERMANENT HOUSING 6 MONTH OR MORE	92%	5
	% OF CLIENTS HOUSED IN 30 DAYS	75%	5
	% OF CLIENTS REMAINED IN HOUSING FOR 12 MONTHS	75%	5
% LOCAL TARGETING	% LOCAL TARGETING	HOUSHOLDS WITH CHILDREN/100%	2
NUMBER OF CLIENTS SERVED	NUMBER OF CLIENTS SERVED	22 WOMEN, 41 CHILDREN, 3 MALE	

NUMBER OF CLIENTS EXPECTED TO SERVE	NUMBER OF CLIENTS EXPECTED TO SERVE	60		
INCREASE IN CH SERVED	INCREASE IN CH SERVED	0%		
COC COSTS	COC COSTS	$	55,819.00	
TOTAL PROJECT BUDGET COST	TOTAL PROJECT BUDGET COST	$	212,983.00	
COST PER CLIENT/BED	COST PER CLIENT/BED	COC=$930/TOT=$3,549		
	BONUS POINTS			15
	TOTAL POINTS			54
NOTES	NOTES	THIS PROJECT IS TOO NEW FOR APR		

	PC-HUD APARTMENTS	PTS	TLS NEW HORIZONS	PTS	HOS- MCHENRY SHELTER	PTS
HMIS	80%	0	99%	5	93%	2
COC ATTENDENCE	100%	5	100%	5	100%	5
MONITORING FINDINGS	0	5		5	0	5
PROOF OF MATCH	Y	P			Y	P
LEVERAGE	Y	P			Y	P
% EMPLOYMENT OUTCOMES/EARNED	10.34%	2	75.00%	5	71.00%	5
% INCREASED RESOURCES	20.00%	0	43%	2	71.00%	5
WHAT % OF CLIENTS LEFT FOR PERMANENT HOUSING	94%	5	79%	5	75%	5
SIGNIFICANT INCREASE TO PERMANENT HOUSING	95% 14 More individuals than last year.		67% an increase of 12%		83%	
% LOCAL TARGETING	adiction/20%, Housholds w/children/ 18%,mentally disabled/95%, Physically disabled 4%. Veterans/8%, Victims of DV/20%, Elderly/25%, youth/8%	11	addiction/90-95%, Mentally disabled 35-45%, Physically disabled 5%, veterans/100%, Elderly/35-45%	7	Victims of DV/70%	

NUMBER OF CLIENTS SERVED	39 INCLUDING 8 CHILDREN	40-50	70 WOMEN/44 CHILDREN
NUMBER OF CLIENTS EXPECTED TO SERVE	32	50	125
INCREASE IN CH SERVED	EXPECTS TO SERVE 6	0%	0%
COC COSTS	$ 211,544.00	$ 59,000.00	$ 79,600.00
TOTAL PROJECT BUDGET COST	$ 231,544.00	$ 73,750.00	$ 269,100.00
COST PER CLIENT/BED	COC=$6610/TOT.=$7235	COC=$1180/TOT.=$1475	COC=$636/TOT=$2152
BONUS POINTS	0	0	15
TOTAL POINTS	28	34	42
NOTES			

	PC JACK/LAWN	PTS.	TLS-SCATTERED-SITE	PTS	PIONEER PSH APTS.	PTS	REBECCA SUSAN APT.	PTS	CASTLE HOUSE	PTS	AMI HOUSE	PTS
HMIS	80%	0	99%	5	80%	0	100%	5	100%	5	100%	5
COC ATTENDENCE	100%	5	100%	5	100%	5	100%	5	100%	5	100%	5
MONITORING	0	5	0	5	0	5	0	5	0	5	0	5
PROOF OF MATCH	Y	P			Y	P	Y	P	Y	P	Y	P
LEVERAGE	Y	P			Y	P	Y	P	Y	P	Y	P
% EMPLOYMENT OUTCOMES/EARNED	0%	0	20%	3	NA		0%	0	0%	0	0%	0
% INCREASED	24%	0	20%	0	TARGET 75%		100%	5	67%	5	44%	2
% PERMANENT HOUSING 6 MONTH OR	88%	5	100%	5	TARGET 75%		100%	5	83%	4	100%	5
% LOCAL TARGETING	adiction/23%, mentally disabled/100%, Physically disabled 8%. Veterans/8%, Victims of DV/15%, Elderly/15%, youth/15%	11	addiction/90-95%, Mentally disabled 35-45%, Physically disabled 5%, veterans/100%, Elderly/35-45%	7	adiction/50%, mentally disabled/100%, Physically disabled 10%. Veterans/10%, Victims of DV/10%, Elderly/50%,	11	Mentally disabled/100%	1	Mentally disabled/100%	1	Mentally disabled/100%	1
NUMBER OF CLIENTS	17		8		2		2		6		9	

NUMBER OF CLIENTS EXPECTED TO SERVE	17	10	2	4	7	11
INCREASE IN CH SERVED		4	2	NA	0	0
COC COSTS	$ 272,982	$ 47,512	$ 30,193	$ 23,344	$ 83,093	$ 83,093
TOTAL PROJECT BUDGET COST	$ 342,982	$ 59,390	$ 32,593	$ 29,180	$ 103,867	$ 103,867
COST PER CLIENT/BED	COC=$16,057/TOT=$20,175	COC=$4751/TOT=$5939	COC=$15,096/TOT=$16,29	COC=$5836/TOT=$7275	COC=$11870/TOT=$14,838	COC=$7553/TOT=$9442
BONUS POINTS						
TOTAL POINTS	26	30	21	26	25	23
NOTES			This project has only been in operation 2			

PC-HMIS		PC-COORDINATED ASSESSMENT		TP-LONG TERM RRH/DV	
80%	0%	80%	0%	NA	
100%	5	100%	5	100%	5
OVER 90%		OVER 90%		100%	
OVER 70%		OVER 70%		100%	
adiction/35%, householdsw/children/ 30%,mentally disabled/20%, Physically disabled 10%. Veterans/10%, Victims of DV/20%, Elderly/25%, youth/10%	11	adiction/35%, householdsw/children/ 30%,mentally disabled/20%, Physically disabled 10%. Veterans/10%, Victims of DV/20%, Elderly/25%, youth/10%	11	households w/children/ 80%, mentally disabled/25%, victim of DV/100%, Elderly/15%, Youth/5%	7
625		625		28	
34				0	
$ 38,000.00		$ 19,000.00		$ 69,496.00	
$ 47,600.00		$ 23,800.00		$ 87,496.00	
				COC=$2482/TOT=$3124	
				RRH FAMILIES	15
16		16			27

	PC- RRH (BONUS)		PC-PSH APTS. II (BONUS)	
HMIS	80%	0	80%	0%
COC ATTENDENCE	100%	5	100%	5
% OF CLIENTS WITH BARRIERS TO OBTAINING HOUSING	70%		70%	
% OF CLIENTS WITH BARRIERS TO RETAIN HOUSING	70%		70%	
% LOCAL TARGETING	adiction/30%, householdsw/children/ 20%,mentally disabled/40%, Physically disabled 10%. Veterans/10%, Victims of DV/10%, Elderly/20%, youth/20%	11	adiction/30%, householdsw/children/ 20%,mentally disabled/40%, Physically disabled 10%. Veterans/10%, Victims of DV/10%, Elderly/20%, youth/20%	11
NUMBER OF CLIENTS EXPECTED TO SERVE	5		3	
# OF BEDS/SLOTS FOR CH	2 BEDS		2 BEDS	
COC COSTS	$ 28,860.00		$ 28,860.00	
TOTAL PROJECT BUDGET COST	$ 31,260.00		$ 31,260.00	
COST PER CLIENT/BED	COC=5652/TOT=$6252		COC=$9620/TOT=$10,420	
BONUS POINTS	SERVES CH	20	SERVES CH	20
TOTAL POINTS		36		36
NOTES				

AGENCY NAME	PROJECT TYPE	2014 FUNDING	2015 Request	RECOMMENDED FUNDING	2015 RANKING	Total Points
PIONEER/ Jackson/Lawndale	PSH	263,393.12	272,982.00	240,446.00	86	26
THRESHOLDS/AMI House	PSH	75,727.64	83,093.00	70,630.00	108	23
THRESHOLDS/Castle House	PSH	75,727.64	83,093.00	73,122.00	97	25
HOS/McHenry Shelter	TH	54,600.00	54,600.00	54,600.00	42	45
PIONEER/ Transitional Apt	TH	211,544.00	211,544.00	190,390.00	75	28
TLS/ Scattered Site	PSH	24,713.62	27,486.00	24,738.00	46	30
PIONEER/Permanent Housing	PSH	27,659.00	30,193.00	27,659.00	119	21
TLS/ New Horizons	TH	44,063.41	44,064.00	44,064.00	53	34
HOS/Rapid Re-Housing	RRH	55,819.00	60,995.00	60,995.00	31	55
THRESHOLDS/Rebecca Susan	PSH	21,295.27	23,344.00	23,344.00	86	26
HMIS			38,000.00	38,000.00	1	
CA			62,000.00	62,000.00	2	
TOTAL=		854,542.70	991,394.00	909,988.00		
Planning Grant		10,900.00	27,300.00			
HOS/rapid Re-Housing short term	RRH	17,440.00				
TOTAL GRANT 2014		871,983.00				
TOTAL GRANT 2015				909,988.00		
NEW PROJECTS						

McHenry County Continuum of Care to End Homelessness
"Working together to end homelessness in McHenry County"
c/o McHenry County Department of Planning and Development
2200 North Seminary, Woodstock, IL 60098
HUD FY 2015 Continuum of Care Funding Recommendations

The following are projects in recommended order:

Rank	Organization	Project Title	Project Type	Renewal, Bonus or New?	Recommended Amount
1	Pioneer	Homeless Management Information System	HMIS	New	$38,000
2	Pioneer	Coordinated Assessment	SSO-CA	New	$62,000
3	Home of the Sparrow	Rapid Rehousing for Families	PH-RRH	Renewal	$60,995
4	Home of the Sparrow	McHenry Shelter Supportive Services	TH	Renewal	$54,600
5	TLS Veterans	New Horizons	TH	Renewal	$44,064
6	TLS Veterans	Scattered-Site Permanent Supportive Housing	PH-PSH	Renewal	$24,738
7	Pioneer	Transitional Apartment Program	TH	Renewal	$190,390
8	Pioneer	Jackson/Lawndale Group Homes	PH-PSH	Renewal	$240,446
9	Thresholds	Rebecca Susan Apartments	PH-PSH	Renewal	$23,344
10	Thresholds	Castle Road House	PH-PSH	Renewal	$73,122
11	Thresholds	AMI House	PH-PSH	Renewal	$70,630
12	Pioneer	Permanent Supportive Housing Apartments	PH-PSH	Renewal	$27,659
13	Pioneer	Permanent Supportive Housing Apts. II	PH-PSH	Bonus	$31,954
14	Pioneer	Rapid Rehousing Program	PH-RRH	Bonus	$31,954
15	Turning Point, Inc.	Long-Term Rapid Rehousing for Survivors of Domestic Violence	PH-RRH	Bonus	$72,590
NR	McHenry County	Planning Grant	PLN	Unranked Renewal	$27,300
		Total if all approved by HUD:			**$1,073,786**

Tier 1 Cutoff: $773,489 Maximum Bonus: $136,498 FPRN: $909,988 Max Planning: $27,300

McHenry County Continuum of Care to End Homelessness- Strategic Planning &Ranking Committee (Dual Meeting)

McHenry County Government Center – Administration Building
667 Ware Road – Conference Room 207F
Woodstock, IL 60098

Minutes of Friday May 29, 2015

CALL TO ORDER

David Esposito called the meeting to order at 10:04 am

ROLL CALL/ATTENDANCE

Members Present: Rich Ring, David Esposito, Sue Morrissey, Emily LeFew, Gene Marzelli, Mike Neumann, Hans Mach, Kim Ulbrich, Ronald E. Smith, Katherine Violett, Sam Tenuto, Tom Rogers, Veronica Gockenbach

REVIEW AND APPROVAL OF MINUTES

(Minutes will include changes to the second paragraph) Rich Ring motioned to approve the minutes from March 13 and Emily LeFew seconded the motion and all in favor.

PUBLIC PARTICIPATION

Ron Smith spoke about his passion for the homeless and his experiences in McHenry County

Discussion

HUD NOFA- Action

The committee discussed the 2015 Continuum of Care NOFA requirements and eligible projects for funding. It was decided to recommend funding for HMIS and Coordinated Assessment as eligible new projects. Several committee members explained the difficulty of finding eligible clients for their CH beds. Currently, the continuum is having trouble filling those beds. After much discussion the committee voted to include New Rapid Rehousing projects, but not new PSH projects for the Chronically Homeless. The committee voted unanimously to recommend to the CoC the following.

Tier 1

HMIS
Coordinated Assessment (if agencies are able to come up with a plan)
PSH Renewal
RRH Renewal
Planning Grant
Transitional Housing
RRH 2

Tier 2

New PSH

Projects will be ranked by total points on ranking sheet.

Strategic Plan to End Homelessness Update

Kim Ulbrich informed the committee that the county will need to go through procurement for the plan. The timeline is to start sometime in July and have the plan completed by the end of December.

Housing Vouchers Update

Tabled until next meeting.

Committee Meeting Dates

The committee will meet bi monthly on the first Thursday of the month at 2:00. The next meeting will be July 2nd.

Year Round Shelter

Tabled until next meeting.

ADJOURNMENT-12:00 P.M.

Rich Ring motioned Veronica Gockenbach seconded and all in favor.

McHenry County Continuum of Care to End Homelessness- Strategic Planning &Ranking Committee (Dual Meeting)

McHenry County Government Center – Administration Building
667 Ware Road – Conference Room 207F
Woodstock, IL 60098

Minutes of July 30 & August 14, 2015

CALL TO ORDER

Kim Ulbrich called the meeting to order at 8:44 am

ROLL CALL/ATTENDANCE

Members Present: Mary Reid, Kim Ulbrich, Julie Biel Claussen Paul Zukowski and Raul Rodriguez, Chip Eldredge was absent Ms. Ulbrich called the roll and declared a quorum was present.

Hans Mach, Michael Newman, Gene Marzelli, Debbie DeGraw, Art Krzyzanowski, and Tom Riley,

PUBLIC PARTICIPATION

None

REVIEW AND APPROVAL OF MINUTES

Mary Reid motioned to approve the minutes from April 1st and Kim Ulbrich motioned to second, all were in favor.

Projects presentations and Questions

Tom Riley presented for Pioneer and discussed the new projects for bonus, HMIS, and coordinated assessment. Tom stated that he felt it was premature to reallocate for HMIS and Coordinated assessment until the strategic plan was completed. He also felt that Pioneer would continue to look for other funding for HMIS. Discussion took place concerning the strategic planning committee's recommendations for both projects and the Continuums vote to approve them for Tier 1. Gene Marzelli stated that currently TLS is paying $5,000 a quarter for HMIS and might possibly be willing to pick up HMIS. Tom Riley requested to pull both applications (HMIS & CA) at this time. Pioneer's concern is taking funding away from beds. Pioneer would request that the bonus PSH/RRH also be put into Tier 2. This is more of a strategic move dependent upon the release of the NOFA qualifications. Presentations were made by Turning Point, Home of the Sparrow, Thresholds and TLS. During the presentations it was pointed out that the ranking committee didn't have the total costs of each program. It was decided to continue the meeting until after the next Continuum of Care meeting. This would give the continuum a chance to vote on the HMIS and Coordinated Assessment as well as Thresholds late application. Mary Reid motioned to adjourn the meeting and Julie Biel Claussen second the motion. The meeting was adjourned at 11:00 am

CONTINUATION OF THE JULY 30TH RANKING COMMITTEE MEETING ON AUGUST 14TH AT 1:00 PM

CALL TO ORDER

Kim Ulbrich called the meeting to order at 1:03pm.

ROLL CALL/ATTENDANCE

Members Present: Mary Reid, Kim Ulbrich, Julie Biel Claussen Paul Zukowski and Chelsey Wintersteen. Raul Rodriguez and Chip Eldredge were absent.

Also present: Faith Taylor, Tom Riley, Gene Marzelli, Hans Mach, Debbie Degraw, and Quinn Leuhnng

Rank and recommend funding allocations for FY2014 to the Continuum of Care

The committee reviewed the funding categories set by the strategic planning committee and the applications. Much discussion took place concerning reallocating funding to the HMIS and Coordinated Assessment projects. The committee had two new projects to review FamiliesETC for Coordinated Assessment and Home of the Sparrow's transitional housing additional funding project. Pioneer requested that their HMIS project and the updated Coordinated Assessment project be considered. The committee reviewed the specific project ranking spreadsheets. The project were then ranked by total point received. TLS's project was initially deducted the amount of returned leasing dollars to HUD. The committee discussed taking a flat percentage from each project to fund the HMIS and CA projects. It was then discussed that high performing projects that were financially cost effective for the continuum and smaller projects would be effected unfairly. It was also discussed that Home of the Sparrow's Shelter program was cut $25,000 in ESG funding this year. The committee then worked on percentage based on performance. Projects ranked 1, 2, and 3 were fully funded. Projects 4 and 5 were reduced 10%. Projects 6, ~~6, 6,~~ and ~~7~~8 ~~9~~ were reduced 12%. There was a tie for ~~8~~6 and it was decided not to cut the Rebecca Susan project because it received much less funding than the other projects. Projects ~~10~~8 and ~~11~~9 were reduced by 15%. The PSH Apartments (9) was eventually funded at the 2014 funding award due to it being a small project as well. The project ranking order was changed to include HMIS and CA in Tier 1 as number 1 & 2 projects. Please see the chart below.

THE 2015 RECOMMENDED FUNDING AWARDS

Julie Biel Claussen motioned to approve the awards and Paul Zukowski second the motion. All were in favor.

ADJOURNMENT

Motion made by Mary Reid and second by Julie to adjourn the meeting at 2:56 p.m.

McHenry County Continuum of Care to End Homelessness Ranking Committee meeting

2200 North Seminary Avenue - Woodstock, Illinois 60098
www.co.mchenry.il.us
McHenry County Mental Health Board
620 Dakota Street
Crystal Lake, IL 60012
Room 240

Agenda – September 10, 2015 @ 8:00 AM (1hour prior to CoC meeting)

1.0 Welcome

2.0 Public Comment

4.0 New Project Review- Coordinated Assessment and Tier II Ranking

5.0 Recommend project ranking and funding amount to the Continuum- FOR ACTION

6.0 Announcements

7.0 Adjourn

McHenry County Continuum of Care to End Homelessness
Ranking Committee Meeting

2200 North Seminary Avenue – Woodstock, Illinois 60098
www.co.mchenry.il.us
McHenry County Government Center – Administration Building
667 Ware Road, Woodstock, IL 60098
Planning ^ Development Conference Room #207P

October 2, 2015; 8:30 AM

1.0 Welcome

2.0 Public Comment

3.0 Project Review and Ranking

4.0 Recommend project ranking and funding amount to the Continuum of Care – For Action

5.0 Announcements

6.0 Adjourn

(McHenry County Continuum of Care to End Homelessness)
MEETING MINUTES

MEETING DESCRIPTION: CoC Meeting

DATE/TIME/LOCATION: October 8, 2015 9:00-11:00 am; McHenry County Mental Health Board, 620 Dakota Street, Crystal Lake, IL

ATTENDEES: ***Members:*** Hans Mach, Turning Point; Art Krzyzanowski, Thresholds; Mike Neumann, Turning Point; Sue Morrissey, Home of the Sparrow; Barb Iehl, Home of the Sparrow; Matt Morrison, Salvation Army; Jaclyn Kroeger, Family Alliance; Chelsey Wintersteen, Prairie State Legal; Rich Ring, Community Member; Jeff Harris, McHenry County; Kathy Chwedyk, Catholic Charities; Tom Riley, Pioneer Center; Mary Reid, Community Action Agency-Head Start; Sue Rose, McHenry County Housing Authority; Terry Braune, Mental Health Board; Kirsten Mellem, MCDOT; Kathy Roberts, Restoration America; Ron Ecklund, Community Member; Katherine Violett, McHenry Savings Bank; Linda Strueber, Family Alliance; Rebecca Ciesla, Crisis; Jenny King, Captain James Lovell Federal Health Care Center;

Community Partners: Melissa O'Donnell, Community Member; Sam Tenuto, Pioneer Center; Maricell Morrobel-Irish, Family Health Partnership Clinic; Sonia Casaneda, VAC; TLS Veterans; Meghan Malley, Home of the Sparrow; Erin Williams, Crisis;

ABSENT: Michael Dudek; McHenry County Sheriff's Office; Janet Dolan, The Aarrk; Jeff Willingate, FHCC Lovell; Angie Reeks, Community Member; Jane Dorfner, VAC; David Esposito, Thresholds; Charles Sprague, New Life Transitions; Charles Eldredge (Chip), McHenry County Attainable Housing; Virginia Peschke, Consumer Credit Counseling; Anna Hill, Restoration America; Chris Nejde, McHenry County Workforce; Julie Tevenan, FHCC; Gene Marzelli, TLS Veterans; Debbie DeGraw, Home of the Sparrow; Jim Menzer, Lake-McHenry ROE; Matt Tabar, Lake/McHenry ROE; Tom Rogers, Redeemer Lutheran Church; Julie Biel Claussen, McHenry County Housing Authority; Howard Fiedler, Crystal Lake Bank & Trust; Denise Learned, New Life Transitions;

NEXT MEETING DATE/TIME/LOCATION: November 12, 2015 9:00-10:45 Mental Health Board, 620 Dakota Street, Crystal Lake

TOPIC	DISCUSSION	ACTION: WHO, WHEN
Welcome - 1.0 ***Review and Approval of 9/10/15 Meeting Minutes*** **FOR ACTION** - 2.0	Hans Mach called the meeting to order at 9:02 am. Due to computer issues, the following corrections would be reflected in the 9/10/15 minutes: Mary Reid motioned and Chelsea Wintersteen 2nd the minutes. **Motion** by Mary Reid to accept recommendations (3.0). **Motion seconded** by Rich Ring. Transportation: update on Randall Road schedule. Minutes approval tabled until next meeting.	
Client Success Story 3.0	PSL: Recent client who was given 30 day notice that lease would not be renewed on subsidized property. Informal meeting with property managers who did not wat to renew lease. Client could not afford to move. Worked with other agencies for diagnosis and accommodations to be made. Property managers have agreed to sign new lease.	
Public Comment - 4.0	Introductions of those new to meeting: Dr. Erin Williams – CRISIS Linda Strueber – Family Alliance – taking over for Jackie	
New Business 5.0 Final Recommendations from the Ranking Committee for HUD FY 2015 Continuum of Care Funding – including	**Motion** to approve final recommendations from Ranking Committee for HUD FY2015 Continuum of Care funding by Sue Rose. **Motion seconded** by Kathryn Violette. Roll call vote: Family Health Partnership: Abstain - Restoration America (Kathy): Yes	

Coordinated Assessment and Bonus Projects **FOR ACTION** 5.1	Catholic Charities (Cathy): Yes - Pioneer Center: Abstain - Housing Authority (Sue Rose): Yes - Thresholds (Art): Abstain - PSL (Chelsea): Yes - Crisis (Rebecca): Yes - Lovell FHCC (Jenny King): Yes - Turning Point (Hans): Abstain - Rich Ring (Community Member): Yes - HOS: Abstain - Katherine Violette (McHenry Savings Bank): Yes Family Alliance: Yes - Ron Ecklund (Community Member): Yes - Planning & Development (Jeff Harris): Abstain - Head Start (Mary Reid): Yes - VAC (Sonia): Abstain MHB (Terry): Yes - Salvation Army (Matt): Yes – **Yes: 13 Abstain: 7 - Motion approved**	
CoC NOFA due in November	Meeting time for NOFA committee need to be set. Individuals on this committee: Turning Point: Hans and Mike - Pioneer: Rebecca, Sam and Tom - HOS: Barb - TLS: Laura - Thresholds: Art - Family Alliance: Linda	Email will be sent with next meeting time. Request no Thursday.
Old Business 6.0 Update on Plan to End Homelessness/Coordinated Assessment 6.1	• Met earlier; • Art will chair this committee; • Small ad hoc committee; • Will work on setting next meeting to work on outcomes for this grant and develop as time goes on. This will need to be attached to November application; • If interested in participating, please let Art know.	
Continuous Quality Improvement 7.0 PCN/HMIS Report /Improvements in client data reporting Rebecca Heeman-Moore/Sam Tenuto 7.1	➢ Working on reports for NOFA and AHAR; ➢ Working on quality reports; ➢ Other reports that are beneficial to other members were discussed; ➢ Users can run own reports to remain on top of the data; ➢ All funded agencies look good at this time; ➢ Questions to Rebecca vial email or phone.	
Housing Authority Report Julie Biel-Claussen/Sue Rose 7.2	• Looking for individuals to write letter of support for Cary project. Village re-looking at project due to zoning issue. Oct. 22nd will be the next meeting this matter will be before the committee. CoC did send out Letter of Support; • LIHEAP reduced by ½. State will not reconnect utilities until all balance is paid. Expecting to collaborate with other agencies to help clients get this need met. Com Ed out of hardship funds; • Section 8: March 14, 2011 is new pull date. List still closed. Other waitlist still have openings and individuals can be referred; • CSBG fully funded. Homeless prevention past due rent. 1st month's rent, $2,000 per person. Only for those who meet CSBG criterial. Looking backwards 90 days. Cause of missed rent must be beyond household's control; • CSBG dental. $40,000 senior dental grant. Emergency dental assistance.	

Thomas Riley

From: Kim Ulbrich <KAUlbrich@co.mchenry.il.us>
Sent: Tuesday, June 23, 2015 3:49 PM
To: Adrienne Burman; Angie Reeks; Anna Hill; Arthur Krzyzanowski; Carolyn Frasor; Charles (Chip) Eldredge III; Charles Konkus; Charles Sprague; Chelsey Wintersteen; David Esposito; Debbie DeGraw; Emily LeFew; Gene Marzelli (gmarzelli@tlsveterans.org); Hans Mach; Jaclyn Kroeger; James Menzer; Jane Dorfner; Janet Dolan; Jeffrey Harris; Jennnifer King; Julie Biel Claussen; Karen Banky-Livasy; Katherine Violett; Kathy Chwedyk; Kim Larson; Kim Ulbrich; Mari Irish; Mary Anne Weltch; Mary Reid; Matt Tabar; Matthew Morrison; Melissa O'Donnell; Michael Dudek; Mike Iwanicki; Mikc Neumann; Pam Umbarger; Paul Zukowski; Raul Rodriquez; Rich Ring; Ronald Ecklund; Scott Block; Sue Morrissey; Sue Rose; Suzanne Hoban; Teagen Andrews; Thomas Riley; Virginia Peschke
Cc: aba; ajdietz; Alisa Walkner; Amy Johnson; arynell; Barb Iehl; Bill; bnissen; Bob; Chris Hooker; Chris Larsen; Christine Nejdl; Christin Kruse; Christina Luttrell; Clerk; David Watkins; Dennis Sandquist; Richard Peterson; dmbyrne; Dr. Erin Williams; Ed Montoya; Faith Taylor; Fr Paul White; Gary Rukin; Gene Salvadalena; Gianna Baker; Ginnie Fraser; Julie Courtney; Jacquie Zerbel; Jane Farmer; Jeff Willgale; Julie Franz; Karen Bloomdahl; Kathy Roberts; Keith Bartosik; Kris Murray; Kyu Yup Kim; Laurie Bivona; Linda Bethany; Lynnsey Osborne; lmnuck; Lore Baker; Margaret Miller; mdrummer; Megan Harned; Melissa O'Donnell; Michaela Long; Monsignor James W. McLoughlin; Nicole Richardson; nstritzel; Pastor Terry Reilly; Peggy Trelford; Phil Vertsen; Raymond Empereur; Rhonda Wood; Robert Dorn; Roxi; Samuel Tenuto; Sean Merchant; Serena Franckowiak; Sunriz; Susan Keller; Susan Kimble; Tim Wasion; Tom Rogers; Yorkie lover
Subject: Revised Continuum application and Ranking Sheet
Attachments: 2015 CoC application 1.docx; 2015McHenry County Continuum of Care to End Homelessnes Ranking2.docx; 2015 CoC New Project application.docx

Good Afternoon,

Please see the revised CoC application and Ranking Sheet. We will be taking a vote to approve these on Thursday. No changes were made to the CoC New Project application.

Kim Ulbrich
Community Development Specialist
McHenry County Department of Planning and Development
667 Ware Road, Suite 207
Woodstock, IL 60098
ph. 815-334-4088
fx- 815-334-4608
KAUlbrich@co.mchenry.il.us

McHenry County Continuum of Care to End Homelessness

Renew Project: 2015 Ranking Form

Project Name:

Organization Name:

Scoring Criteria- Based on FY2013 Funded Projects For Performance and 2015 Project Renewal Form	Source	Possible Points	Project Points
HMIS Data Quality is 95% or better 5 points, 90% to 94% 2 points. 90% and below 0 points	HMIS	5	
Monitoring Findings/Concerns from Any agency: 5 Points awarded for no findings or concerns, 0-3 points are awarded based on the severity and subsequent remediation.	PFR	5	
Re-Captured Funds: 5 points are awarded if no funds are recaptured; 4 points are awarded if recaptured funds are less than 0.5% of the total budget, 3 points if recaptured funds are less than 1%, 2 points if funds are less than 2%.	PFR	5	
25% Match: 5 Points are awarded for projects who provided proof of match	PFR	Pass/Fail	
Leverage for CoC Projects: 5 points are awarded to projects who have submitted written documentation to evidence commitment. Applicants are encouraged to have at minimum 2:1 ratio	PFR	Pass/Fail	
CoC Involvement: 0-10 points are awarded based on 100% attendance at meetings and participation in CoC committees.10points for 100%, 8 points for 90%, 6 points for 85%, 5 points for 80%, 4 points for 75% Applies to7/1/2014-7/1/2015	COC	10	
Hard to Serve Clients			
% of Entries as literally homeless	PFR	5	
% of Entries with no income	PFR	5	
% of Entries from other Homeless Programs	PFR	5	
Employment Outcomes: (for all projects) 0-5 points are awarded based on the percentage of participants in CoC funded projects that have increased their income from employment at program exit as compared to the CoC's goal benchmark of 24%. 5 points= 24% or higher, 4 points= 20%-23%, 3 points=16-19% 2points=10 - 15%	APR Summary	5	
Increased resources: (for all projects)	APR Summary	5	

Points are awarded for clients who increased their resources through employment or benefits while enrolled in the project as compared to the CoC's goal benchmark of 54%. 5 points= 54% or higher, 4 points= 50-53%, 3 points =46-49%, 2 points=42-45%			
Did Project meet projected goals for FY2013	PFR/APR	5	
Number of Clients Served with FY 2013 Funding: 5 points are awarded for serving over 60, 4 points are awarded for 40-59 served, 3 points are awarded for 20-39 served , 2 points for 19- 7 served	PRF/APR Summary	5	
2015 Cost per anticipated client served with CoC funds	PRF	5	
Permanent Supportive Housing Only: 0-5 points are awarded based on the percentage of participants remaining in CoC funded permanent housing projects for at least six months and or exited to other permanent housing as compared to CoC's goal benchmark of 85%. 5 points for 85% or higher, 4 points for 75% -84%, 3 points for 65%-74%- 2 points for 55-64%	APR Summary	5	
Transitional Housing Only: 0-5 points are awarded based on the percentage of participants in CoC funded transitional housing that move into permanent housing to the compared to the 85% CoC goal Benchmark. 85% or higher 5 points, 75% to 84% 4 points, 65% to 74% 3 points, 55% to 64% 2 points	APR Summary	5	
Rapid Rehousing Only: % of clients housed in 30 days, % of clients housed at 6 months, % of clients remaining housed at 12 months. 5 Points for 75% or higher, 4 points for 71% to 74% 4 points, 67% to 70%, 3 points 63% to 66% 2 points	PFR/APR	5	
Local Targeting for 2015 projects: 3 points are awarded for Substance Abuse, 2 points awarded for Households with Children, 1 point each for Mentally ill, Physically Disabled, Veterans, Victims of Domestic Violence, Elderly (50+), Youth (18-24)-			

Total Points 121

Project Points _____

_____ _____

Ranking Committee Member ***Signature***

Thomas Riley

From: Lynnsey Osborne <LJOsborne@co.mchenry.il.us>
Sent: Wednesday, July 1, 2015 2:00 PM
To: Kim Ulbrich; Adrienne Burman; Angie Reeks; Anna Hill; Arthur Krzyzanowski; Carolyn Frasor; Charles (Chip) Eldredge III; Charles Konkus; Charles Sprague; Chelsey Wintersteen; David Esposito; Debbie DeGraw; Emily LeFew; Gene Marzelli (gmarzelli@tlsveterans.org); Hans Mach; Jaclyn Kroeger; James Menzer; Jane Dorfner; Janet Dolan; Jeffrey Harris; Jennnifer King; Julie Biel Claussen; Karen Banky-Livasy; Katherine Violett; Kathy Chwedyk; Kim Larson; Kim Ulbrich; Mari Irish; Mary Anne Weltch; Mary Reid; Matt Tabar; Matthew Morrison; Melissa O'Donnell; Michael Dudek; Mike Iwanicki; Mikc Neumann; Pam Umbarger; Paul Zukowski; Raul Rodriquez; Rich Ring; Ronald Ecklund; Scott Block; Sue Morrissey; Sue Rose; Suzanne Hoban; Teagen Andrews; Thomas Riley; Virginia Peschke
Subject: RE: Revised Continuum application and Ranking Sheet
Attachments: 2015 CoC New Project application_fillable.pdf; 2015 CoC application 1_fillable.pdf; 2015 CoC New Project application.docx

The fillable applications are now up and available on the County's website.

Go to: https://www.co.mchenry.il.us/county-government/departments-i-z/planning-development/divisions/community-development/continuum-of-care-to-end-homelessness to find the applications.

I have also attached them to this email.

Thanks,
Lynnsey Osborne

From: Kim Ulbrich
Sent: Thursday, June 25, 2015 2:58 PM
To: Lynnsey Osborne
Subject: FW: Revised Continuum application and Ranking Sheet

Hi Lynnsey,

The two applications need to be made fillable and put on the Continuum of Care web page. They can be titled exactly how they are listed here. Dave and I are in Chicago for ER training Mon-Wed . When you get these up on the web can you send a notice out to the CoC? I just copy and paste the addresses from Adrienne. You can attach the applications and ranking sheet and let them know that it is on the webpage.

Thanks!

From: Kim Ulbrich
Sent: Tuesday, June 23, 2015 3:49 PM
To: Adrienne Burman; Angie Reeks; Anna Hill; Arthur Krzyzanowski; Carolyn Frasor; Charles (Chip) Eldredge III; Charles Konkus; Charles Sprague; Chelsey Wintersteen; David Esposito; Debbie DeGraw; Emily Lefew; Gene Marzelli (gmarzelli@tlsveterans.org); Hans Mach; Jaclyn Kroeger; James Menzer; Jane Dorfner; Janet Dolan; Jeffrey Harris; Jennnifer King; Julie Biel Claussen; Karen Banky-Livasy; Katherine Violett; Kathy Chwedyk; Kim Larson; Kim Ulbrich; Mari

(McHenry County Continuum of Care to End Homelessness)
MEETING MINUTES

MEETING DESCRIPTION: CoC Meeting

DATE/TIME/LOCATION: June 25, 2015; 8:00-11:00 am; McHenry County Mental Health Board, 620 Dakota Street, Crystal Lake, IL

ATTENDEES:

Members: Hans Mach, Turning Point; Emily LeFew, Pioneer Center; Mary Reid, Community Action Agency-Head Start; Sue Rose, McHenry County Housing Authority; Sue Morrissey, Home of the Sparrow; Scott Block, Mental Health Board; Art Krzyzanowski, Thresholds; Mike Neumann, Turning Point; Tom Rogers, Redeemer Lutheran Church; Kim Ulbrich, McHenry County; Debbie DeGraw, Home of the Sparrow;; Jane Dorfner, VAC; Virginia Peschke, Consumer Credit Counseling; Barb Iehl, Home of the Sparrow; Gene Marzelli, TLS Veterans; David Esposito, Thresholds (by phone); Katherine Violett, McHenry Savings Bank; Rich Ring, Community Member; Jenny King, Captain James Lovell Federal Health Care Center; Julie Biel Claussen, McHenry County Housing Authority; Ronald Ecklund, Community Member; Kim Larson, Family Alliance;

Community Partners: Melissa O'Donnell, Community Member; Anne Marie Kane, Families ETC; Michelle Long, TLS Veterans; Sue Krause, Pioneer Center; Jane Farmer, Turning Point; Ronica Patel, Pioneer Center; Arne Waltmire; Neal Waltmire; Cathy Ferguson, Mental Health Board; Lillie Prince, Lovell Federal Health Care Center;

ABSENT: Michael Dudek; McHenry County Sheriff's Office; Janet Dolan, The Aarrk; Jeff Willingate, FHCC Lovell; Angie Reeks, Community Member; Jeff Harris, McHenry County; Jaclyn Kroeger, Family Alliance; Jim Menzer, Lake-McHenry ROE; Matt Morrison, The Salvation Army; Charles Eldredge (Chip), McHenry County Attainable Housing; Charles Sprague, New Life Transitions; Chelsey Wintersteen, Prairie State Legal; Raul Rodriguez, Crystal Lake Bank & Trust

NEXT MEETING DATE/TIME/LOCATION: July 9, 2015 9:00-10:45 Mental Health Board, 620 Dakota Street, Crystal Lake

TOPIC	DISCUSSION	ACTION: WHO, WHEN
Welcome to Housing Action Illinois, Senator Althoff and Representative Tryon and Introductions of CoC members and stakeholder 1.0 ***Review and Approval of 6/11/15 Meeting Minutes*** **FOR ACTION** 2.0	Hans Mach called the meeting to order at 8:12 am. **Motion** to approve June 11th minutes by Mary Reid. **Motion seconded** by Rich Ring. **Motion approved.**	
Client Success Story 3.0	Sue Rose: Working with homeless mother with 2 children who have been living in their car. Secured temporary residence and were able to secure permanent housing this week with lease. VAC: Veteran with 3 children lost dd214 due to flooding in basement. VAC found it and hooked up veteran with HUD-VASH.	
Public Comment 4.0	None	
New Business 5.0	**Motion** to approve HUD FY 2015 CoC Funding Ranking Sheets by Mary Reid. **Motion seconded** by Katherine Violett. **Motion approved.**	

McHenry County Continuum of Care to End Homelessness Ranking Committee meeting

2200 North Seminary Avenue - Woodstock, Illinois 60098
www.co.mchenry.il.us
McHenry County Mental Health Board
620 Dakota Street
Crystal Lake, IL 60012
Room 240

Agenda – September 10, 2015 @ 8:00 AM (1hour prior to CoC meeting)

1.0 Welcome

2.0 Public Comment

4.0 New Project Review- Coordinated Assessment and Tier II Ranking

5.0 Recommend project ranking and funding amount to the Continuum- FOR ACTION

6.0 Announcements

7.0 Adjourn

McHenry County Continuum of Care to End Homelessness
Ranking Committee Meeting

2200 North Seminary Avenue – Woodstock, Illinois 60098
www.co.mchenry.il.us
McHenry County Government Center – Administration Building
667 Ware Road, Woodstock, IL 60098
Planning ^ Development Conference Room #207P

October 2, 2015; 8:30 AM

1.0 Welcome

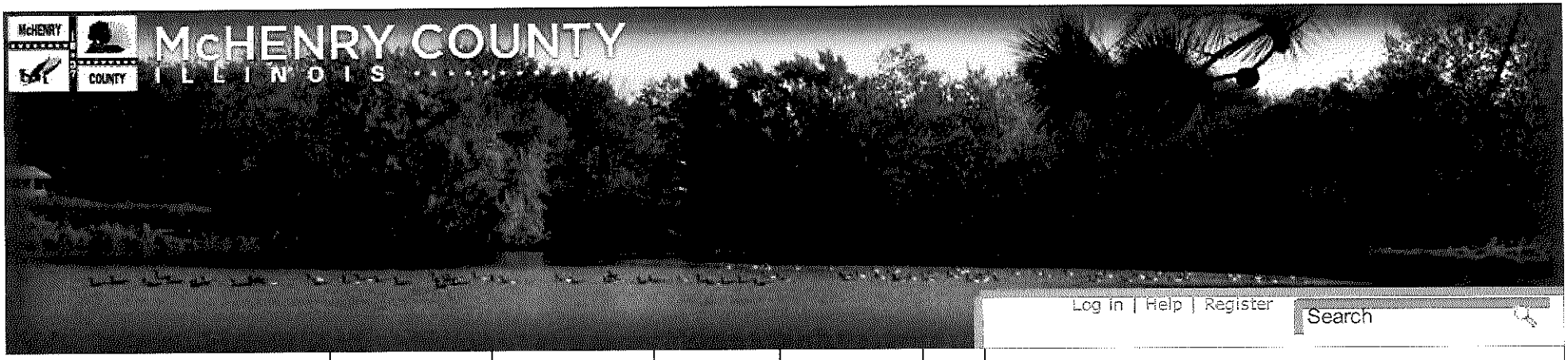
2.0 Public Comment

3.0 Project Review and Ranking

4.0 Recommend project ranking and funding amount to the Continuum of Care – For Action

5.0 Announcements

6.0 Adjourn



Meeting Group
All Meeting Groups

Print This Page

Welcome to Meetings On Demand, your source for information from McHenry County Board and Committee meetings. Here you will find meeting agendas, detailed agenda packets, minutes, resolutions, audio and more.

Full Calendar RSS

November, 2015

Nov 18, 2015 8:15 AM Cancelled

Nov 18, 2015 1:30 PM Agenda | Agenda Packet
Zoning Board of Appeals - Zoning Hearing

Nov 18, 2015 7:00 PM Agenda | Agenda Packet
Agricultural & Conservation Easement - Public Meeting

Nov 19, 2015 9:00 AM Agenda | Agenda Packet
Continuum of Care - Public Meeting

Nov 19, 2015 9:01 AM Agenda | Agenda Packet

Jun 2, 2015 9:00 AM County Board - Regular Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet | Audio	
Jun 3, 2015 8:15 AM Transportation Committee - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet |	
Jun 3, 2015 1:30 PM Zoning Board of Appeals - Voting Meeting	Agenda | Agenda Packet |	
Jun 3, 2015 6:30 PM Historic Preservation - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet |	
Jun 4, 2015 8:15 AM Human Resources Committee - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet |	
Jun 4, 2015 1:30 PM Zoning Board of Appeals - Zoning Hearing	Agenda | Agenda Packet | | Minutes Packet |	
Jun 8, 2015 8:15 AM Management Services - Public Meeting	Agenda | Agenda Packet |	
Jun 9, 2015 8:15 AM Facilities Committee - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet |	
Jun 9, 2015 8:30 AM Planning & Development - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet |	
Jun 9, 2015 11:00 AM Zoning - McHenry County Hearing Officer - Hearing	Agenda | Agenda Packet | | Minutes Packet |	
Jun 10, 2015 Public Health & Human Services - Public Meeting	Cancelled	
Jun 10, 2015 8:15 AM Public Health & Human Services - Public Meeting	Cancelled	
Jun 10, 2015 8:30 AM Staff Plat - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet |	
Jun 10, 2015 1:30 PM Zoning Board of Appeals - Zoning Hearing	Agenda | Agenda Packet |	
Jun 10, 2015 5:00 PM Mental Health Board - Special Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet |	
Jun 11, 2015 8:15 AM Finance & Audit - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet |	
Jun 11, 2015 9:00 AM Continuum of Care - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet |	
Jun 11, 2015 9:30 AM Merit Commission - Public Meeting	Cancelled	

Gravel Advisory - Public Meeting

Jun 24, 2015 7:00 PM
Valley Hi Operating Board - Public Meeting
Agenda | Agenda Packet

Jun 25, 2015 8:15 AM
Finance & Audit - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jun 25, 2015 9:00 AM
Technical Advisory Committee - Public Meeting
Cancelled

Jun 25, 2015 9:00 AM
Continuum of Care - Special Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jun 29, 2015 7:00 PM
Board of Health - Regular Meeting
Cancelled

July, 2015

Jul 1, 2015 8:15 AM
Transportation Committee - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jul 1, 2015 6:30 PM
Historic Preservation - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jul 2, 2015 8:15 AM
Human Resources Committee - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jul 2, 2015 2:00 PM
Continuum of Care - Special Meeting
Agenda | Agenda Packet

Jul 6, 2015 8:15 AM
Law & Justice - Public Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

Jul 7, 2015 9:00 AM
County Board - Regular Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet | Audio

Jul 8, 2015 8:15 AM
Public Health & Human Services - Public Meeting
Agenda | Agenda Packet

Jul 8, 2015 8:30 AM
Staff Plat - Public Meeting
Cancelled

Jul 8, 2015 2:00 PM
Public Transportation Advisory Committee (PTAC) - Public Meeting
Cancelled

Jul 8, 2015 6:00 PM
Board of Health - Regular Meeting
Agenda | Agenda Packet | Minutes | Minutes Packet

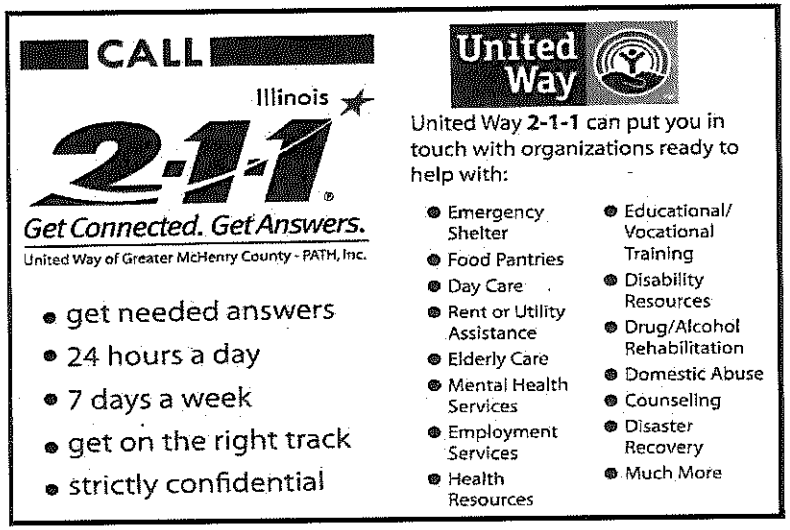
Jul 9, 2015 8:15 AM
Finance & Audit - Public Meeting
Cancelled

PLANNING AND DEVELOPMENT

DENNIS SANDQUIST
Director

COMMUNITY DEVELOPMENT

Continuum of Care to End Homelessness



The McHenry County Continuum of Care (CoC)

WHAT IS A CONTINUUM OF CARE?

According to HUD, a Continuum of Care is "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they

move to stable housing and maximize self-sufficiency."

WHAT DOES THE MCHENRY COUNTY CoC DO?

The McHenry County Continuum of Care to End Homelessness assists in the coordination and development of services and housing for homeless and low-income persons with housing needs through planning, education and advocacy.

- Provide knowledge to and engage the general population of McHenry County to understand the at-risk population facing homelessness.
- Educate service providers on best practices in addressing housing needs.
- Identify housing needs for homeless and low-income persons in McHenry County.
- Support planning and development of services to meet prioritized housing needs within McHenry County.
- Obtain and sustain permanent housing solutions.
- Sustain a united coalition of community systems and individuals.
- Assist the homeless and near homeless in obtaining housing, economic stability, and an enhanced quality of life through comprehensive and collaborative services.

WHO CAN PARTICIPATE IN THE MCHENRY COUNTY CONTINUUM OF CARE?

Membership shall be comprised of individuals and agencies concerned with the development and coordination of homeless assistance programs. Membership is open. **Participants include:**

- Homeless or formerly homeless individuals and families
- Housing Developers and Landlord Organizations
- Neighborhood Groups
- Non-profit organizations
- Healthcare Providers
- Representatives of Business and Financial Institutions
- Representatives of Organized Labor
- Representatives of Private Foundations and Funding Organizations
- Social Service Providers
- State and Local Government Agencies
- Faith-Based Organizations
- Volunteer Individuals
- Concerned Citizens

HOW OFTEN DOES THE CONTINUUM MEET?

The Continuum of Care meets monthly to discuss and plan for the providing of necessary services for the homeless of McHenry County. Meetings are held the 2nd Thursday of each month at 9:00 am at the McHenry County Administration Building.

Current CoC Documents (for review and meeting purposes):

Membership Documents (click on the text below for document):

Membership Memorandum of Understanding (Membership Application)

McHenry County CoC Membership

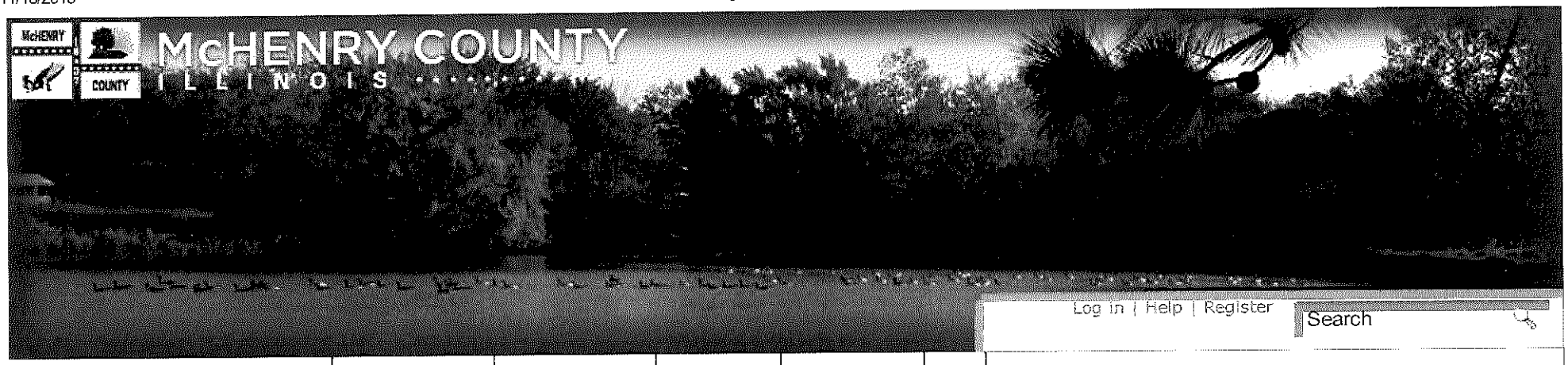
McHenry County CoC Bylaws

McHenry County CoC Members

Funding Applications:

RFP

- HUD CoC FY 2015 HMIS
- HUD CoC FY 2015 Coordinated Assessment



Log in | Help | Register

Search

«Back to Main Site

Welcome | Meetings | Media | Notices

Meeting Group

All Meeting Groups

Print This Page

Welcome to Meetings On Demand, your source for information from McHenry County Board and Committee meetings. Here you will find meeting agendas, detailed agenda packets, minutes, resolutions, audio and more.

Full Calendar RSS

November 2015

Nov 18, 2015 8:15 AM Cancelled

Nov 18, 2015 1:30 PM Agenda | Agenda Packet
Zoning Board of Appeals - Zoning Hearing

Nov 18, 2015 7:00 PM Agenda | Agenda Packet
Agricultural & Conservation Easement - Public Meeting

Nov 19, 2015 9:00 AM Agenda | Agenda Packet
Continuum of Care - Public Meeting

Nov 19, 2015 9:01 AM Agenda | Agenda Packet

Jun 2, 2015 9:00 AM County Board - Regular Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet | Audio	
Jun 3, 2015 8:15 AM Transportation Committee - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet	
Jun 3, 2015 1:30 PM Zoning Board of Appeals - Voting Meeting	Agenda | Agenda Packet	
Jun 3, 2015 6:30 PM Historic Preservation - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet	
Jun 4, 2015 8:15 AM Human Resources Committee - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet	
Jun 4, 2015 1:30 PM Zoning Board of Appeals - Zoning Hearing	Agenda | Agenda Packet | Minutes Packet	
Jun 8, 2015 8:15 AM Management Services - Public Meeting	Agenda | Agenda Packet	
Jun 9, 2015 8:15 AM Facilities Committee - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet	
Jun 9, 2015 8:30 AM Planning & Development - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet	
Jun 9, 2015 11:00 AM Zoning - McHenry County Hearing Officer - Hearing	Agenda | Agenda Packet | Minutes Packet	
Jun 10, 2015 Public Health & Human Services - Public Meeting	Cancelled	
Jun 10, 2015 8:15 AM Public Health & Human Services - Public Meeting	Cancelled	
Jun 10, 2015 8:30 AM Staff Plat - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet	
Jun 10, 2015 1:30 PM Zoning Board of Appeals - Zoning Hearing	Agenda | Agenda Packet	
Jun 10, 2015 5:00 PM Mental Health Board - Special Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet	
Jun 11, 2015 8:15 AM Finance & Audit - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet	
Jun 11, 2015 9:00 AM Continuum of Care - Public Meeting	Agenda | Agenda Packet | Minutes | Minutes Packet	
Jun 11, 2015 9:30 AM Merit Commission - Public Meeting	Cancelled	

McHenry County Continuum of Care to End Homelessness- Strategic Planning &Ranking Committee (Dual Meeting)

McHenry County Government Center – Administration Building
667 Ware Road – Conference Room 207F
Woodstock, IL 60098

Minutes of Friday May 29, 2015

CALL TO ORDER

David Esposito called the meeting to order at 10:04 am

ROLL CALL/ATTENDANCE

Members Present: Rich Ring, David Esposito, Sue Morrissey, Emily LeFew, Gene Marzelli, Mike Neumann, Hans Mach, Kim Ulbrich, Ronald E. Smith, Katherine Violett, Sam Tenuto, Tom Rogers, Veronica Gockenbach

REVIEW AND APPROVAL OF MINUTES

(Minutes will include changes to the second paragraph) Rich Ring motioned to approve the minutes from March 13 and Emily LeFew seconded the motion and all in favor.

PUBLIC PARTICIPATION

Ron Smith spoke about his passion for the homeless and his experiences in McHenry County

Discussion

HUD NOFA- Action

The committee discussed the 2015 Continuum of Care NOFA requirements and eligible projects for funding. It was decided to recommend funding for HMIS and Coordinated Assessment as eligible new projects. Several committee members explained the difficulty of finding eligible clients for their CH beds. Currently, the continuum is having trouble filling those beds. After much discussion the committee voted to include New Rapid Rehousing projects, but not new PSH projects for the Chronically Homeless. The committee voted unanimously to recommend to the CoC the following.

Tier 1

HMIS
Coordinated Assessment (if agencies are able to come up with a plan)
PSH Renewal
RRH Renewal
Planning Grant
Transitional Housing
RRH 2

Tier 2

New PSH

Projects will be ranked by total points on ranking sheet.

Strategic Plan to End Homelessness Update

Kim Ulbrich informed the committee that the county will need to go through procurement for the plan. The timeline is to start sometime in July and have the plan completed by the end of December.

Housing Vouchers Update

Tabled until next meeting.

Committee Meeting Dates

The committee will meet bi monthly on the first Thursday of the month at 2:00. The next meeting will be July 2nd.

Year Round Shelter

Tabled until next meeting.

ADJOURNMENT-12:00 P.M.

Rich Ring motioned Veronica Gockenbach seconded and all in favor.

(McHenry County Continuum of Care to End Homelessness)
MEETING MINUTES

MEETING DESCRIPTION: CoC Meeting

DATE/TIME/LOCATION: June 11, 2015; 9:00-10:30 am; McHenry County Mental Health Board, 620 Dakota Street, Crystal Lake, IL

ATTENDEES:

Members: Hans Mach, Turning Point; Tom Riley, Pioneer Center; Matt Morrison, The Salvation Army; Ronald Ecklund, Community Member; Mary Reid, Community Action Agency-Head Start; Charles Eldredge (Chip), McHenry County Attainable Housing; Sue Rose, McHenry County Housing Authority; Jim Menzer, Lake-McHenry ROE; Sue Morrissey, Home of the Sparrow; Charles Sprague, New Life Transitions; Carolyn Frasor, Mental Health Board; Kathy Chwedyk, Catholic Charities; Art Krzyzanowski, Thresholds; Emily LeFew, Pioneer Center; Chelsey Wintersteen, Prairie State Legal; Mike Neumann, Turning Point; Tom Rogers, Redeemer Lutheran Church; Kim Ulbrich, McHenry County; Debbie DeGraw, Home of the Sparrow; Mary Reid, Community Action/Head Start; Raul Rodriguez, Crystal Lake Bank & Trust; Jane Dorfner, VAC;

Community Partners: Melissa O'Donnell, Community Member; Barb Iehl, Home of the Sparrow; Gene Salvadalena, Home of the Sparrow; Rebecca Ciesla, Crisis; Dixie Mendola, New Life Transitions; Kirsten M, McHenry County DOT; Marty, Prairie State Legal;

ABSENT: Michael Dudek; McHenry County Sheriff's Office; Janet Dolan, The Aarrk; Jeff Willingate, FHCC Lovell; Angie Reeks, Community Member; David Esposito, Thresholds; Virginia Peschke, Consumer Credit Counseling; Jeff Harris, McHenry County; Karen Banky-Livasy, Captain James Lovell Federal Health Care Center; Gene Marzelli, TLS Veterans; Jaclyn Kroeger, Family Alliance; Katherine Violett, McHenry Savings Bank; Rich Ring, Community Member;

NEXT MEETING DATE/TIME/LOCATION: July 9, 2015 9:00-10:45 Mental Health Board, 620 Dakota Street, Crystal Lake

TOPIC	DISCUSSION	ACTION: WHO, WHEN
Welcome and Introductions - 1.0 ***Review and Approval of 5/14/15 Meeting Minutes*** **FOR ACTION** - 2.0	Hans Mach called the meeting to order at 9:00 am. **Motion** to approve May 14th minutes with addition of Cathy Chwedyk in attendance and Art Krzyzanowski in attendance by phone by Mary Reid. **Motion seconded** by Sue Rose. **Motion approved.**	
Client Success Story 3.0	Pioneer Center: Client receiving services for severe mental health, limited work history were able to get into therapy and then HUD apartments. Recently moved out of state to a good job and living independently in the community. HOS/LGMC:PADS client connected to rapid re-housing and are in the process of moving into their own apartment.	
Public Comment 4.0	Introductions: Gene Salvadalena – Home of the Sparrow Dixie Mendola – Working with New Life Transitions Mike Iwanicki – Veterans Assistance Commission – Reintroduced himself Kirsten M – McHenry County DOT Marty – Prairie State Intern	

(McHenry County Continuum of Care to End Homelessness)
MEETING MINUTES

New Business 5.0 Approval of Strategy for HUD 2015 CoC Funding **FOR ACTION** 5.1	Minutes came out vial email. Immediate concern is the tiers for CoC general competition. Anticipate release soon. Reallocate funding to Coordinated Assessment and HMIS – this is something that needs to be funded through CoC for stability and Coordinated Assessment if the agencies can come together with a plan. Renewal projects and new projects. Vote will be based on ranking and points will count. Comments or concerns: None noted. **Motion** to approve by Sue Rose. **Motion seconded** by Ron Ecklund. **Motion approved.**	
Approval of Changes to Bylaws **FOR ACTION** 5.2	**Motion** to approve changes to Bylaws by Mary Reid. **Motion seconded** by Ron Ecklund. Turning Point-yes, Rich Ring-yes, Catholic Charities-yes, Salvation Army-yes, Mental Health Board-yes, Housing Authority-yes, McHenry County-yes, Head Start-yes, Thresholds-yes, Pioneer Center-yes, VAC-yes, Home of the Sparrow-yes, Ron-yes, New Life-yes, Homeless Liaisons-yes; Crystal Lake Bank and Trust-yes. **Motion approved.**	
Update on Plan to End Homelessness 5.3	MHB approved funding towards the plan. Planning and Development will provide the remainder of money to complete the plan and will have to go through process and procurement. Moving forward through different County Departments. Will be finalized through Board by July meeting and will be sent out to CoC members via email by end of November.	
Special Legislative CoC Meeting on Thursday, June 25, 2015 - 5.4	Agenda will be sent out today.	
2015 CoC Funding Project Ranking Sheet **FOR ACTION** - 5.5	Passed out and will be emailed out. This is what the next meeting will be voting on. Ranking sheets: Any concerns/questions should be emailed to Kim for changes and discussion. Application for renewals and new projects were passed out as well.	
Old Business - 6.0 Continued Topical Discussion related to Coordinated Intake/Assessment and progress - 6.1		
Update on Outreach and Homelessness Prevention Programs - 6.2		
Continuous Quality Improvement - 7.0 PCN/HMIS Report /Improvements in client data reporting Karen Bloomdahl/Tom Riley - 7.1	Karen has submitted PIT and HIC counts to HUD on time and all were accepted. She is still working with agencies that call for help and currently still looking at who is going to take over HMIS. Trying to transition to someone in PADS program.	
Housing Authority Report Julie Biel-Claussen/Sue Rose 7.2	➢ LIHEAP is closed for season but funding some from Fed and some from State. The money from the Fed is not at risk but money from the State is. If you care about LIHEAP contact the Governor with personal email and tell them you do not want LIHEAP defunded; ➢ ComEd hardship to those who are experiencing a hardship for utility; ➢ Open rental housing support program, senior and disabled housing (3 bedroom units);	

McHenry County Continuum of Care to End Homelessness- Strategic Planning &Ranking Committee (Dual Meeting)

McHenry County Government Center – Administration Building
667 Ware Road – Conference Room 207F
Woodstock, IL 60098

Minutes of July 30 & August 14, 2015

CALL TO ORDER

Kim Ulbrich called the meeting to order at 8:44 am

ROLL CALL/ATTENDANCE

Members Present: Mary Reid, Kim Ulbrich, Julie Biel Claussen Paul Zukowski and Raul Rodriguez, Chip Eldredge was absent Ms. Ulbrich called the roll and declared a quorum was present.

Hans Mach, Michael Newman, Gene Marzelli, Debbie DeGraw, Art Krzyzanowski, and Tom Riley,

PUBLIC PARTICIPATION

None

REVIEW AND APPROVAL OF MINUTES

Mary Reid motioned to approve the minutes from April 1st and Kim Ulbrich motioned to second, all were in favor.

Projects presentations and Questions

Tom Riley presented for Pioneer and discussed the new projects for bonus, HMIS, and coordinated assessment. Tom stated that he felt it was premature to reallocate for HMIS and Coordinated assessment until the strategic plan was completed. He also felt that Pioneer would continue to look for other funding for HMIS. Discussion took place concerning the strategic planning committee's recommendations for both projects and the Continuums vote to approve them for Tier 1. Gene Marzelli stated that currently TLS is paying $5,000 a quarter for HMIS and might possibly be willing to pick up HMIS. Tom Riley requested to pull both applications (HMIS & CA) at this time. Pioneer's concern is taking funding away from beds. Pioneer would request that the bonus PSH/RRH also be put into Tier 2. This is more of a strategic move dependent upon the release of the NOFA qualifications. Presentations were made by Turning Point, Home of the Sparrow, Thresholds and TLS. During the presentations it was pointed out that the ranking committee didn't have the total costs of each program. It was decided to continue the meeting until after the next Continuum of Care meeting. This would give the continuum a chance to vote on the HMIS and Coordinated Assessment as well as Thresholds late application. Mary Reid motioned to adjourn the meeting and Julie Biel Claussen second the motion. The meeting was adjourned at 11:00 am

CONTINUATION OF THE JULY 30TH RANKING COMMITTEE MEETING ON AUGUST 14TH AT 1:00 PM

CALL TO ORDER

Kim Ulbrich called the meeting to order at 1:03pm.

ROLL CALL/ATTENDANCE

Members Present: Mary Reid, Kim Ulbrich, Julie Biel Claussen Paul Zukowski and Chelsey Wintersteen. Raul Rodriguez and Chip Eldredge were absent.

Also present: Faith Taylor, Tom Riley, Gene Marzelli, Hans Mach, Debbie Degraw, and Quinn Leuhnng

Rank and recommend funding allocations for FY2014 to the Continuum of Care

The committee reviewed the funding categories set by the strategic planning committee and the applications. Much discussion took place concerning reallocating funding to the HMIS and Coordinated Assessment projects. The committee had two new projects to review FamiliesETC for Coordinated Assessment and Home of the Sparrow's transitional housing additional funding project. Pioneer requested that their HMIS project and the updated Coordinated Assessment project be considered. The committee reviewed the specific project ranking spreadsheets. The project were then ranked by total point received. TLS's project was initially deducted the amount of returned leasing dollars to HUD. The committee discussed taking a flat percentage from each project to fund the HMIS and CA projects. It was then discussed that high performing projects that were financially cost effective for the continuum and smaller projects would be effected unfairly. It was also discussed that Home of the Sparrow's Shelter program was cut $25,000 in ESG funding this year. The committee then worked on percentage based on performance. Projects ranked 1, 2, and 3 were fully funded. Projects 4 and 5 were reduced 10%. Projects 6, ~~6, 6,~~ and ~~7~~8~~-9~~ were reduced 12%. There was a tie for ~~8~~6 and it was decided not to cut the Rebecca Susan project because it received much less funding than the other projects. Projects ~~10~~8 and ~~11~~9 were reduced by 15%. The PSH Apartments (9) was eventually funded at the 2014 funding award due to it being a small project as well. The project ranking order was changed to include HMIS and CA in Tier 1 as number 1 & 2 projects. Please see the chart below.

THE 2015 RECOMMENDED FUNDING AWARDS

Julie Biel Claussen motioned to approve the awards and Paul Zukowski second the motion. All were in favor.

ADJOURNMENT

Motion made by Mary Reid and second by Julie to adjourn the meeting at 2:56 p.m.

BY-LAWS
OF
The McHenry County Continuum of Care to End Homelessness

Article 1. Name.

The name of this organization is The McHenry County Continuum of to End Homelessness.

In the event that this organization opts to become a legal corporate entity, the following shall apply:

The name of this Not-for-Profit Corporation is The McHenry County Continuum of Care to End Homelessness

Article 2. Mission, Vision and Purposes.

The mission of the McHenry County Continuum of Care to End Homelessness shall be "Working Together to End Homelessness in McHenry County."

The vision of the McHenry County Continuum of Care to End Homelessness is that all individuals and families facing homelessness in McHenry County should have access to safe, decent, affordable housing and the resources and supports needed to sustain it.

The purpose of the Continuum is to assist in the coordination and development of services and housing for homeless and low-income persons with housing needs through planning, education and advocacy.

To achieve this purpose the Continuum will seek to:

A. Provide knowledge to and engage the general population of McHenry County to understand the at- risk population facing homelessness and to promote community-wide commitment to the goal of ending homelessness.
B. End chronic homelessness in McHenry County and optimize self-sufficiency among individuals and families experiencing homelessness.
C. Enhance the knowledge of the service providers to address the housing needs.
D. Identify housing needs of homeless and low-income persons in McHenry County on an ongoing basis.
E. Support planning and development of services to meet prioritized needs within McHenry County and promote access to and effective use of mainstream programs by homeless individuals and families.
F. Obtain and sustain permanent housing solutions.
G. Be a united coalition of community systems and individuals representing a wide array of community constituents, including, but not limited to, current/formerly homeless individuals.
H. Assist the homeless and those who are at risk of homelessness to obtain housing, economic stability, and an enhanced quality of life through comprehensive and collaborative services.

I. Provide substantive input into the Annual Action Plan for McHenry County.
J. To participate in a County-wide Homeless Management Information System to effectively identify needs and outcomes, streamline services, and avoid duplication of efforts.
K. Secure funding for efforts by nonprofit providers, States, and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to individuals, families, and communities as a consequence of homelessness.

Article 3. Membership.

Section 1.

Membership shall be comprised of individuals and agencies concerned with the development and coordination of homeless assistance programs.

Membership is open and may include **but will not be limited** to:

- Must include one homeless or formerly homeless individual or family
- Housing developers and landlord organizations
- Neighborhood groups
- Migrant worker groups
- Non-profit organizations representing veterans and individuals with disabilities
- Representatives of business and financial institutions
- Representatives of organized labor
- Representatives of private foundations and funding organizations
- Social service providers
- Domestic violence and Sexual Assault service providers
- State and local government agencies
- Faith-based organizations
- Volunteer Individuals
- Current or former clients of program services of member agencies

Section 2.

Voting members or alternate members are entitled to:

- Have voting rights (One vote per agency unless individual member)
- Receive letters of support for grants indicating length of membership and level of participation
- Receive information and updates via mailing list
- Serve on committees

Non-voting members are entitled to:

- Receive letters of support for grants indicating length of membership and level of participation
- Receive information and updates via mailing list
- Serve on committees

Section 3.

Membership shall be updated annually. The Secretary will record attendance and will note a member as "present" when a non-voting member is sent in place of the voting member or alternate voting member. In any case, an "Inactive member" shall be defined as an individual or organization has attended less than 75% of the meetings as defined by the Secretary annually at the October meeting. Funded agencies are also held to this standard in Article 13, Section 5. Inactive members will be removed from the membership list through a full CoC vote at the October meeting.

Membership shall be open on a rolling basis. Applications will be accepted for the time period of two weeks prior to the monthly Continuum of Care meeting. (Note: applications received after this date will be considered at the following meeting).

An organization or individual may add up to one alternate member for voting purposes and additional non-voting members as desired.

Section 4.

Upon ratification of these bylaws, the existing membership shall be "grandfathered" into existence under the terms of these bylaws. New membership and retention of membership shall occur as follows:

McHenry County Continuum of Care to End Homelessness

Memorandum of Understanding for Continuum Membership

Guidelines:

Prospective members shall complete an application for membership, obtainable from the website of the McHenry County Department of Planning and Development, to the McHenry County Continuum of Care to End Homelessness. This application shall be called a Memorandum of Understanding. The Memorandum of Understanding is effective for a period of the time of application to the following October, when it can be renewed. Entities or individuals that wish to renew membership may do so annually at the October meeting. Applications shall be submitted to the Chair of the Continuum of Care to End Homelessness in McHenry County.

Prospective new voting members shall begin as non-voting members and can become voting members after attendance at three consecutive CoC meetings.

The Memorandum of Understanding for Membership will identify requirements of admission standard for Continuum membership. When submitting the Memorandum of Understanding, applicants are required to complete the all portions of the application pages for processing to occur.

Article 4 Dues.

Members will not be required to pay any dues for membership. Members of the strategic planning committee (or executive director of lead organization) will be responsible for fundraising to offset administrative costs.

Article 5 Voting.

Section 1.

Each member shall have **one** vote upon any motion. A member is defined as follows:

1. Member agency, faith-based group or organization: Each agency, faith-based group or organization shall have one designated individual as a member and one designated individual as an alternate member as defined in the application for membership mentioned in Article 3, Section 4. The "member" is the individual who is entitled to vote; the alternate member will vote in the alternate when the designated member is not present. Voting member must be identified at the time of the vote.
2. Each individual member who is not representative of a designated organization shall be considered a voting member.
3. An organization or individual may have up to one voting member and one alternate voting member with voting privileges. Additional individuals will be non-voting members who shall be counted as "present" during a vote occurring when the voting member or alternate voting member is not available.

Section 2.

No member shall vote on any issue where there could be a conflict of interest. (Refer to Article 10 for definition of "conflict of interest.")

Article 6 Officers.

Section 1.

The Officers of the Continuum (defined as the Executive Committee Members) shall be the following:

- Chairperson of the Board
- Co-Chair
- Secretary
- Treasurer
- Immediate Past Chairperson of the Board

The Executive Committee Members shall meet at least once monthly. The meetings can be via conference call or other electronic means but shall occur at least quarterly "in person."

These individuals shall perform the duties that usually pertain to their respective offices including:

A. **Chairperson of the Board:** The Chair shall call, preside over all meetings, and set agendas for all Continuum meetings. The chair can call special meetings of the Continuum. The chair may appoint a Nominating Committee of no fewer than three members.

B. **Co-Chair:** The Co-Chair shall assume all duties of the Chair in the event of his/her absence. The Vice Chair (s) will be responsible for membership and such other duties as assigned by the Chair.

C. **Secretary:** The Secretary shall be responsible for all correspondence and prepare reports as required. The Secretary shall be responsible for the minutes of the meetings of the Continuum and for their mailing or e-mailing distribution. The secretary is responsible for tracking Continuum meeting attendance through sign-in sheets.

D. **Treasurer:** The Treasurer shall be responsible for all monies received and disbursed. Any financial transaction shall require the authorization of any two officers of the Continuum. The treasurer shall also review the Budget for the yearly HUD Application.

E. Immediate Past Chair. The Immediate Past Chair shall assist and advise the Chair and the other officers in the performance of their duties.

Section 2.

The officers shall be nominated by the Nominations Committee or CoC Membership at the January or February Meeting and elected to a two-year term **at the March meeting of the full continuum** in the following manner beginning with the 2014 election:

a. In EVEN-numbered years, the CoC will elect the positions of Secretary and Co-Chair.
b. In ODD-numbered years, the CoC will elect the positions of Chair and Treasurer.

Section 3.

Officers may serve two consecutive terms in their respective offices and may be subject to removal at any time by a two-thirds affirmative vote of the total membership.

Section 4.

Any vacancy of officers occurring during the year shall be filled upon the recommendation of the Executive Committee and shall be ratified by 60% of the members present at the Continuum meeting.

Section 5.

.

Of the Chair and Co-Chair positions, only one can be represented by a funded organization beginning with the March, 2016 vote.

Article 7 Nominating Committee.

Section 1.

A Nominating Committee of at least three members of the Continuum shall be appointed by the Board Chairperson.

Section 2.

The Nominating Committee shall present nominations for the Officers as needed during the **February meeting of the full Continuum for discussion and then at the March meeting of the full continuum for election** or at any other time necessary. Nominations from the floor will be accepted at the **February** meeting provided that the person nominated is a member of the Continuum and has agreed to serve if elected. This shall allow a period of at least 21 calendar days for each voting member to make a thorough decision about candidacies.

Article 8 Committees.

Section 1.

An Executive Committee comprised of the officers of the Continuum and past Chair shall be established to serve as the administrative arm of the McHenry County Homeless Continuum of Care for the Homeless. The Committee provides planning for the Continuum, ensures the cooperation of members, preparation of reports, evaluation of systems and the development of necessary procedures to implement policies ratified by the Continuum. The Executive Committee evaluates and updates the Plan to End Homelessness and coordinates efforts to ensure that the Plan to End Homelessness action steps are implemented. The Executive Committee shall meet quarterly, by phone or electronically and minimally semi-annually in person. The Executive Committee shall review and monitor the activities of the "Executive Director" should one become employed.

The Executive Committee may appoint members of committees as needed.

Section 2.

A Strategic Planning Committee comprised of:

1. A representative assigned by each funded agency of the Continuum.

2. One person from an organization that either funds or carries out activities on behalf of the homeless in McHenry County.
3. At least one homeless or formerly homeless person, if available.

shall be established to take such action as well as facilitate service delivery through formal or informal collaboration and the creation of linkages between members. The Strategic Planning Committee shall meet bi-monthly. The Strategic Planning Committee shall foster the development of outside funding and can name a sub-committee to complete this task (i.e. grant writing).

Section 3.

The Evaluation and Project Ranking Committee shall be responsible for creation of a template to be utilized for annual project ranking. This committee will evaluate HUD guidelines and foster an appropriate ranking tool that is timely and consistent with planning and development of the Continuum. The responsibilities of the Evaluation Committee shall be to review proposals and organizations, as appropriate, and prioritize proposals according to funding and other guidelines and/or plans of the Continuum; as well as evaluate existing programs endorsed by the Continuum. The Evaluation and Project Ranking Committee will also determine the procedure for any appeals of its decisions. The Evaluation and Project Ranking Committee shall arrange for impartial volunteers to review projects and create final ranking scores for each funded program.

The Evaluation and Ranking Committee shall remain aware of "Emergency Solutions Grant" (ESG) funding, if available, which is directed by the Illinois Department of Human Services. The Ranking Committee will apply a procedure to manage the competition process for ESG as it relates to funding for community shelters.

The Ranking Committee shall remain aware of additional resources that require a CoC decision and implement strategies to review projects according to funding guidelines set forth.

The Committee shall review each project and evaluate it following current funding criteria and local needs.

Section 4.

The NOFA Committee shall plan for and review the Exhibit 1 application information; this group shall ultimately complete the Exhibit 1 application in addition to the following:

1. Review final recommendations for funding (based on feedback from the Evaluation and Project Ranking Committee).
2. Review Point-In-Time survey instruments and provide feedback to HMIS committee.
3. Plans for annual or bi-annual homeless count in the community.
4. Any additional assignments, such as interpretation of ESG funding guidelines that may be presented to the Continuum for decision-making purposes.
5. Support and encourage the ongoing development of all services related to the homeless through advocacy and public education.

6. Facilitate joint discussions with the Evaluation and Project Ranking Committee to ensure accord with proposed HUD strategic plans, goals and outcomes.

Section 5.

The HMIS Advisory Committee provides input (provider, community stakeholders, and homeless consumer) on an ongoing basis and guides the planning and implementation of the HMIS. The Advisory Committee provides policy, technical, and organizational assistance to the HMIS and oversees implementation and ongoing operations by addressing the key issues that follow. The responsibilities of the HMIS Advisory Committee shall include, but not be limited to, conducting surveys, needs assessments, the gathering of facts, participating in the Point-In-Time Count in January (or as designated) and such other activities as to identify needed new services or the expansion of existing services and for implementation of the HMIS Project. The committee reports to the Executive Committee and the full Continuum and may, from time to time, propose policies and other actions to the Continuum for its consideration.

The Strategic Planning Committee shall monitor the reports of the PCN and provide input as to effective means by which to ensure accurate results are effectively conveyed.

Section 6.

Other Ad Hoc Committees as needed

Article 9. Executive Director Position.

Section 1.

If an Executive Director is hired by the McHenry County Continuum of Care to End Homelessness, he or she shall be responsible for the following duties:

1. Manage day to day operations of the McHenry County Continuum of Care to End Homelessness.
2. Write the annual Exhibit 1 for the Continuum, with guidance from the appropriate committees aforementioned
3. Ensure that the plan to end homelessness is being met, with guidance from the appropriate committees aforementioned.
4. Management of the HMIS functions of the Continuum.
5. Membership into all committees associated with the Continuum with the exception of the Executive Committee.
6. Any additional duties assigned through the creation of a "Job Description for Executive Director of the McHenry County Continuum of Care to End Homelessness." This job description will be created by an ad hoc committee as designated by the Chair.

Section 2.

Position is nominated by the Executive Committee through an interview process. The full Continuum shall vote upon the nomination at the meeting that follows the nomination. The naming and hire of an Executive Director shall require a special 80% vote of present voting members, with no less than 12 voting members being considered a quorum.

Section 3.

The Executive Director, if appointed and named to the position, shall report to the Executive Committee and shall be accountable through its Chair.

Article 10. Conflicts of Interest.

Section 1.

All individuals and representatives of organizations who have, are seeking, or considering to seek funds under the endorsement of the Continuum shall adhere to the following:

A. He or she shall disclose to the Continuum any conflict or appearance of conflict of interest which may or could be reasonably known to exist.
B. He or she shall not vote on any item that would create a conflict of interest or appearance of conflict of interest.
C. He or she shall not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
D. He or she shall not lobby or seek information from any other member of the Continuum if such action would create a conflict of interest or the appearance of a conflict of interest.

Article 11. Appeals Process.

Section 1.

Unresolved differences, such as attendance, removal from the Continuum of Care, concerns or matters arising from Ranking, or other matters requiring resolution should be addressed through the appeals process. A member (or former member after having been removed), may appeal the decision or offending matter within seven calendar days of occurrence, in writing, to the Executive Committee of the McHenry County Continuum of Care to End Homelessness. Within seven calendar days from the date of the written request, the Executive Committee will devise a written response, with its decision being final.

Article 12. Quorum

Section 1.

For general business, a quorum of the McHenry County Continuum of Care for the Homeless shall constitute those members who are present and at least one week's notice has been given. For matters concerning projects, funding recommendations, government or other grants, a quorum shall constitute at least seven voting members. A motion shall carry with a vote of the majority of the voting members present at a meeting. The exception to this is the decision to hire an Executive Director as outlined in Article 9, Section 2.

Article 13. Meetings and Attendance

Section 1.

The full Continuum shall meet monthly, and in compliance with the Open Meetings Act.

Section 2.

Any materials or articles for review by the full Continuum, especially those that may be brought to the attention of the full Continuum for a vote, shall be provided no later than 48 hours prior to the scheduled meeting time.

Section 3.

Each member is privileged to invite guests to all meetings except for closed meetings, and consistent with the Open Meetings Act.

Section 4.

A majority of Officers may call a special meeting at any time. A minimum of 48 hours of notice to the community shall be provided.

Section 5.

Attendance will be recorded by the Secretary at all Continuum of Care meetings. Funded agencies are expected to have at least a 75% attendance rate at all meetings, determined on an annual basis at the October meeting and measuring attendance from preceding October to preceding September.

Section 6.

Upon a request, in writing, by at least five members of the Continuum, a special meeting can be called by the Chair at any time. A minimum of 48 hours of notice to the community shall be provided.

Article 14. Amendments to Bylaws

Section 1.

These Bylaws may be amended by a majority vote at a meeting of the Continuum provided that the proposed amendment(s) shall have been submitted in writing to each member at least 14 calendar days before action is taken by the Continuum.

Article 15. Non-Discrimination

Section 1.

The members, officers, and persons served by the Continuum shall be selected entirely on a non-discriminatory basis with respect to age, sex, race, ethnicity, religion, sexual orientation, disability, and national origin in accordance with all state and federal regulations.

Article 16. Homeless Management Information System

Section 1.

Recognizing that a Homeless Management Information System (HMIS) is the information system designated by the CoC to comply with the requirements of the CoC Program interim rule at 24 CFR 578, other requirements established by HUD, including the 2010 HMIS Data Standards, and any local requirements, the McHenry County CoC will designate an eligible applicant, to be known as the HMIS Lead, to manage its HMIS. The HMIS Lead, in consultation with the CoC, Collaborative Applicant and HMIS Advisory Committee, will also be responsible for developing all the policies and procedures necessary for compliance with the CoC Program interim rule, the 2010 HMIS Data Standards, and any local requirements. These policies and procedures will be incorporated into the McHenry County CoC governance charter by reference, will be available upon request, and will include the following provisions:

- is updated annually;
- includes all policies and procedures necessary to comply with the HMIS requirements in the CoC Program interim rule, the 2010 HMIS Data Standards, and any local HMIS requirements;
- clearly outlines the roles and responsibilities of the CoC and HMIS Lead, and;
- includes the following plans:
  - Privacy Plan: A plan that at the minimum includes data collection limitations; purpose and use limitations; allowable uses and disclosures; access and correction standards; and protections for victims of domestic violence, dating violence, sexual assault, and stalking
  - Security Plan: A plan that ensures the confidentiality, integrity, and availability of all HMIS information; protects against any reasonably anticipated threats or hazards to security, and ensure compliance by end users.
  - Data Quality Plan: A plan that ensures completeness, accuracy, and consistency of the data in the HMIS

Article 17. Coordinated Assessment Plan

Section 1.

Recognizing that the development of written standards of prioritizing services to homeless individuals and families is paramount, the Continuum of Care shall develop and follow a system of care that defines:

* Program access points;
* Prioritization of services to the client(s) who need them;
* The use of best practices and standards of service and steps to implement them;
* The means by which stakeholders in the Continuum of Care can work to codify and effectively coordinate services.

Section 2.

The Coordinated Assessment Plan shall be reviewed annually by the Strategic Planning Committee to determine:

* What community populations should be targeted for upcoming funding opportunities;
* Which practices are working and which could be reviewed for greater efficiency;
* If there are any new standards that needed to be implemented in the Coordinated Assessment Plan.

Article 18. Organizational Responsibility for Receipt of CoC-Oriented Funding

Section 1.

Each agency receiving funding from CoC-oriented programs, including but not limited to:

HUD Continuum of Care Funding,
The Emergency Solutions Grant Program
The Illinois Department of Human Services-Prevention Program Funding,

Shall have on file written standards and guidelines for providing assistance to clients pursuant to the current directives and guidance of the funding originator (i.e. but not limited to HUD or DHS).

Section 2.

From time to time, such opportunities shall change names, funding schemes or initiatives and that said organizations shall comply with documented guidelines in effect at the time of granting or contracting of services with said incumbent.

DATE MODIFIED: May 9, 2013
DATE MODIFIED: August 2, 2012.
DATE MODIFIED: September 10, 2012
DATE CREATED: JUNE 25, 2012

Note: Portions were adapted from: "McHenry County Continuum of Care: Rules and Procedures", Adopted March 27, 2003 with subsequent revisions made on March 24, 2005 and February 15, 2007.

McHenry County Continuum to End Homelessness
Homeless Management Information System (HMIS)

McHenry County
HMIS
Policies and Procedures Manual

TABLE OF CONTENTS

McHenry County CoC By-Laws - Article 16 (HMIS)	3
Contact Information	4
Key Support Roles and Responsibilities	5
HMIS Operations & Security	8
HMIS Participation	8
Connectivity and Computer Security Requirements	9
HMIS User Implementation	10
Enforcement Mechanisms	11
Agency Information Security Protocol Requirements	11
HMIS Client Data Privacy	12
Client Notice	12
Written Consent for CoC Data Sharing	12
Applicability of Consents	12
Victim Service Providers in HMIS	13
HMIS Data Quality	14
HMIS Data Quality Plan	14
HMIS Data Quality Standards	14
Data Quality Monitoring	14
Data Collection Requirements	15
Data Quality Training	15
HMIS Data Access Control	15
HMIS De-duplication of Data	16
HMIS Data Use and Disclosure	17
HMIS Data Release	17
HMIS Technical Support	19
Definitions	20
HMIS Forms & Review Notes	22

BY-LAWS
OF
The McHenry County Continuum of Care to End Homelessness

DATE LAST MODIFIED: JANUARY 16, 2014
DATE CREATED: JUNE 25, 2012 *(Note: Portions were adapted from: "McHenry County Continuum of Care: Rules and Procedures", Adopted March 27, 2003 with subsequent revisions made on March 24, 2005 and February 15, 2007.)*

Article 16. HMIS (Homeless Management Information System)

Recognizing that a Homeless Management Information System (HMIS) is the information system designated by the CoC to comply with the requirements of the CoC Program interim rule at 24 CFR 578, other requirements established by HUD, including the 2014 HMIS Data Standards Manual, and any local requirements, the McHenry County CoC will designate an eligible agency, to be known as the HMIS Lead, to manage its HMIS. The HMIS Lead, in consultation with the CoC, Collaborative Applicant and HMIS Advisory Committee, will also be responsible for developing all the policies and procedures necessary for compliance with the CoC Program interim rule, the 2010 HMIS Data Standards, and any local requirements. These policies and procedures will be incorporated into the McHenry County CoC governance charter by reference, will be available upon request, and will include the following provisions:

- is updated annually;
- includes all policies and procedures necessary to comply with the HMIS requirements in the CoC Program interim rule, the 2014 HMIS Data Standards, and any local HMIS requirements;
- clearly outlines the roles and responsibilities of the CoC and HMIS Lead, and;
- includes the following plans:
    - Privacy Plan: A plan that at the minimum includes data collection limitations; purpose and use limitations; allowable uses and disclosures; access and correction standards; and protections for victims of domestic violence, dating violence, sexual assault, and stalking
    - Security Plan: A plan that ensures the confidentiality, integrity, and availability of all HMIS information; protects against any reasonably anticipated threats or hazards to security, and ensure compliance by end users.
    - Data Quality Plan: A plan that ensures completeness, accuracy, and consistency of the data in the HMIS.

CONTACT INFORMATION

MCHENRY COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT

Dennis Sandquist AICP, Director, DASandquist@co.mchenry.il.us
Jeffrey Harris, AICP, Community Development Administrator
Faith Taylor, Community Development Specialist
Kim Ulbrich, Community Development Specialist
Dave Watkins, Procurement Officer/Inspector
Lynnsey Obsorne, Administrative Specialist
McHenry County Government Center, Administration Building
667 Ware Road, Woodstock, IL 60098 815-334-4560

MCHENRY COUNTY MENTAL HEALTH BOARD

620 Dakota St, Crystal Lake, IL 60014 815-455-2828

MCHENRY COUNTY CONTINUUM OF CARE

Chair: Hans Mach, Home of the Sparrow, 815-271-5444, hmach@HOSparrow.org
Co-Chair: Art Krzyzanowski, Thresholds, 815-338-8324, arthur.krzyzanowski@thresholds.org
Co-Chair: David Esposito, Thresholds, 815-338-8324, david.esposito@thresholds.org

HMIS LEAD AGENCY

Pioneer Center for Human Services
4100 Veterans Parkway
McHenry, IL 60050
815-759-7110 (switchboard)
Fax: 815-344-3815

Data Entry/Report Creation/Trouble Shooting
Karen Bloomdahl, HMIS Database Specialist
815-789-7220
kbloomdahl@pioneercenter.org

Non Technical/Policy and Procedures
Tom Riley, Grants Coordinator/HMIS Database Supervisor
815-759-7121
triley@pioneercenter.org

KEY SUPPORT ROLES AND RESPONSIBILITIES

There are different roles involved in operating an effective HMIS. Roles and responsibilities are different for the following entities: CoC, HMIS Lead Agency, and participating projects/agencies.

McHenry County Continuum of Care (CoC)

The CoC is a group composed of representatives from organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, business, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless persons organized to carry out the responsibilities of the CoC.

The CoC provides:

1. HMIS Oversight.
    - Designate an official HMIS software.
    - Designate an HMIS Lead agency.
    - HMIS Standards Compliance (including maintaining documented evidencing of compliance)
2. Executes the HMIS Governance Agreement.
    - The HMIS Governance Agreement is a written agreement between CoC Lead with the HMIS Lead Agency, specifying functions and responsibilities of the HMIS Lead Agency.
    - Define the responsibilities for management of HMIS.
    - Define rights, obligations, timeliness, and transition procedures for HMIS governance, software, and data, in the event that the agreement is terminated.
    - The Governance Agreement includes a Participation Agreement requiring agencies to comply and sanctions for failure to comply.
    - Update and/or review the HMIS Governance Agreement annually.

HMIS Lead Agency

The HMIS Lead Agency is the entity designated by the Continuum of Care in accordance with 24 CFR part 580 to operate the Continuum's HMIS on the Continuum's behalf.

The HMIS Lead Agency:

1. Establishes HMIS.
2. Administers the day-to-day operational functions of operating and oversight of the HMIS.
3. Ensures consistent participation by agencies.
2. Develops and submits local HMIS policies and procedures.
    - HMIS Operational Policy & Procedures
    - Data Quality Plan

- Security Plan
- Privacy Plan

3. Updates and reviews HMIS Policy & Procedures annually.
4. Executes HMIS participation and end user agreements.
5. Execute a written HMIS participation Agreement with each agency.
6. Monitors compliance with applicable HMIS standards and HUD requirements.
7. Takes corrective action when needed.
8. Administers vendor agreements/contracts.
9. Conducts unduplicated accounting of homelessness on a monthly basis.
10. Acts as a liaison between the CoC and regional and national HMIS related organizations and participate in related activities.
11. Provides training and support to agency users.
12. Provides continuing quality improvement via data analysis and knowledge of best practices.
13. Provides required data/answers for the HUD Housing Assistance applications.
14. Generates HUD reports (Annual Housing Assessment Report (AHAR), Point In Time (PIT) Count for shelters only and Housing Inventory Count (HIC).
15. Be a CoC liaison for HMIS.
16. Does annual security review of itself and agencies.

Providers/Agencies Role:

1. Providers/Agencies are responsible for all activity associated with agency staff and use of the HMIS.
    - CoC Participation.
    - HMIS Participation.
    - Privacy and Security Compliance.
    - HMIS Policy and Procedure Compliance.
    - Data Quality Compliance.
    - Community Planning/Use of Data.
2. CoC Participation
    - Attend/Participate regularly CoC meetings and workshops.
    - Represent your homeless population in planning process.
    - Increase awareness of homeless needs.
    - Identify awareness of homeless needs.
    - Identify additional resources for homeless.
3. HMIS Participation and Governance
    - HMIS Agency Participation Agreement.
    - HMIS User License Agreement.
    - Client Consent/Release of information (ROI).
4. Privacy and Security Compliance
    - Know HMIS Privacy and Security Requirements.
    - Communicate HMIS Privacy and Security requirements to data custodians and system users.
    - Monitor regularly for compliance.

5. HMIS Policy and Procedure Compliance
    - Establish business controls and practices to ensure compliance to HMIS policies.
    - Communicate HMIS policy and procedure requirements to data custodians and system users.
    - Monitor compliance and periodically review business controls and practices for effectiveness.
6. Data Quality Compliance
    - Know Data Quality expectations for timeliness, completeness, and accuracy.
    - Communicate Data Quality expectations to data custodians and end users.
    - Monitor for compliance.
    - Provide incentives; enforce policies.
7. Community Planning/Use of Data
    - Provide quality data for community planning.
    - Actively participate in planning process.
    - Participate in Point In Time and Housing Inventory Processes.

McHenry County Department of Planning and Development:

1. Submission of the HUD Housing Assistance application.
2. CoC (includes HMIS) Planning and Administrative Support

McHenry County Mental Health Board

1. HMIS funding support
2. CoC (includes HMIS) Planning and Administrative Support

HMIS Operations & Security

Recognizing the importance of community efforts to capture better data, in 2001 Congress directed HUD on the need for data and analysis on the extent and nature of homelessness and the effectiveness of the McKinney-Vento Act Programs including:

- Developing unduplicated counts of clients served at the local level.
- Analyzing patterns of use of people entering and exiting the homeless assistance system.
- Evaluating the effectiveness of these systems.

HMIS became an eligible activity under 2001 SuperNOFA.
The HMIS of the McHenry CoC is ServicePoint®.

HMIS PARTICIPATION

1. Participation Requirements

- *Mandated Participation*

All projects that are authorized under HUD's McKenney-Vento Act as amended by the HEARTH Act to provide homeless services and grantees receiving assistance for Homeless Prevention and Rapid Re-housing projects under the American Recovery and Reinvestment Act of 2009 must meet the minimum HMIS participation standards as defined by this Policies and Procedures manual. These participating agencies will be required to comply with the applicable operating procedures and must agree to execute and comply with an HMIS Agency Partner Agreement.

- *Voluntary Participation*

Although funded agencies are required to meet only minimum participation standards, the CoC strongly encourages funded agencies to fully participate with all of their homeless projects.

While the CoC cannot require non-funded providers to participate in the HMIS, the CoC works closely with the non-funded agencies to articulate the benefits of the HMIS and to strongly encourage their participation in order to achieve a comprehensive and accurate understanding of homelessness in McHenry County.

2. Minimum Participation Standards

- Collect the Universal Data Elements (UDEs), as defined by HUD, for all clients served by projects participating in HMIS. Includes Entry Date and Exit Dates.
- Collect Program Specific Data Elements, as defined by HUD, for all clients served by projects mandated to participate in HMIS.
- Enter client-level data into the HMIS within fifteen working days after the start of the month of client interaction. Based on a survey sent to users.
- Comply with all HUD regulations for HMIS participation.

The CoC uses all submitted data for analytic and administrative purposes, including the preparation of CoC reports to funders and the CoC's participation in the Federal Annual Homeless Assessment Report (AHAR).

3. Participation Expectations

Authorized agency users directly enter client-level data into the HMIS database. Users have rights to access data for clients served by their agency The agency's data are stored in the HMIS central database server, which is protected by numerous technologies to prevent access from unauthorized users. Primary client identifiers (e.g. name, SSN, DOB and gender) will be available by query for HMIS users from partner agencies to prevent the duplication of client records in the database.

CONNECTIVITY AND COMPUTER SECURITY REQUIREMENTS

1. Internet Connectivity

- Agencies must have Internet connectivity for each workstation accessing the HMIS.

2. Web Browsers

- ServicePoint® is designed to be compatible with the newest versions of Internet Explorer, Mozilla Firefox, and Google Chrome.

3. Security Hardware/Software

- All workstations accessing the HMIS need to be protected by a firewall. If the workstations are part of an agency computer network, the firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates. Hard copies containing client information generated by, or, for HMIS must be supervised at all times in a public area. When staff are not present, hard copies must be stored in a secure location.

4. Physical Security

- Providers must have locking doors, an intrusion-detection system and physical firewalls. Computers must have locking screen savers.

5. Disaster Protection and Recovery

- Provided by the CoC vendor, ServicePoint®. (Securing Client Data by Bowman System v.03.29.06. Includes protocols for communication with HMIS Lead, who would contact user agencies.)

6. Encryption

- Provided by the COC vendor, ServicePoint®. (Securing Client Data by Bowman System v.03.29.06.)

7. **Electric Data Storage**
   - Provided by the COC vendor, ServicePoint™. (Securing Client Data by Bowman System v.03.29.06.)

8. **Disposal**
   - Provided by the COC vendor, ServicePoint™. (Securing Client Data by Bowman System v.03.29.06.)

HMIS USER IMPLEMENTATION

- **Eligible Users**
  Each Provider shall authorize use of the HMIS only to users who need access to the system for data entry, editing of client records, viewing of client records, and the use of canned reports.

- **User Requirements**
  Prior to being granted a username and password, users must sign an HMIS End User Agreement that acknowledges receipt of a copy of the HMIS Policy and Procedures Manual pledges to comply with the manual.

  Users must be aware of the sensitivity of client-level data and must take appropriate measures to prevent its unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with all policies and standards that are described within this Policies and Procedures manual. They are accountable for their actions and for any actions undertaken with their user name and password.

  The HMIS Lead Agency must ensure that users have received adequate training prior to being given access to the database. Each user will be trained yearly on data security, privacy, and quality.

- **Setting Up a New User.**
  The HMIS Lead must:
  1. Have the new user sign the User Participation Agreement.
  2. Verify that appropriate and sufficient training has been successfully completed.
  3. Create the new user ID and password in ServicePoint®.

  Once the user ID is established, the HMIS Lead is responsible for maintaining the user account. If any users leaves the agency or no longer needs access to the HMIS, the Provider must notify the HMIS Lead who will immediately terminate user access by deleting or inactivating the user account.

ENFORCEMENT MECHANISMS

The HMIS Lead Agency will investigate all potential violations of any security protocols. Any user found to be in violation of security protocols will be sanctioned.

Sanctions includes, but not are limited to:

1. Suspension of system privileges.
2. Revocation of system privileges.

All violations will be reported to the CoC Board within 5 days. Sanctions will be determined by the CoC Board.

An agency's access may also be suspended or revoked if serious or repeated violation(s) of the HMIS Policy and Procedures occur by the agencies' users.

AGENCY INFORMATION SECURITY PROTOCOL REQUIREMENTS

Agencies must:

1. Comply with the HMIS Notice of Privacy and Practices and provisions of other HMIS client and agency agreements.
2. Maintain and post an updated copy of the Notice of Privacy Practices. If the Provider has a website, the Notice should be posted on their website.
3. Prevent user account sharing.
4. Protect unattended workstations.
5. Protect the physical access to workstations where employees are accessing HMIS.
6. Safely store and protect access to hardcopy and digitally generated client records and reports and identifiable client information.
7. Conduct workforce security screenings.
8. Protect passwords by not storing or displaying them in any publicly accessible location.

The HMIS Lead will monitor security once a year of all HMIS user agencies and itself.

HMIS Client Data Privacy

Privacy and security applies to all agencies and projects that use, or process Personal Protected Information (PPI) for HMIS including CoC, homeless service provider, HMIS host or provider, etc. Employees, volunteers, affiliates, contractors, and associates are covered by the privacy standards of the agencies they deal with. Privacy and security standards apply to all agencies- regardless of funding source – who use HMIS. The Health Insurance Portability and Accountability Act (HIPAA) privacy rules take precedence over HMIS Privacy Standards. HIPAA covered entities are required to meet HIPAA baseline privacy requirements, not HMIS.

CLIENT NOTICE

A written notice of the assumed functions of the HMIS must be posted and/or given to each client so that he/she is aware of the potential use of his/her information and where it is stored. No consent is required for the functions articulated in the notice. The client also has a right to view a copy of his/her record upon request. To fulfill this requirement, the agency may either adopt the "HMIS Notice of Privacy Practices" or may develop an equivalent privacy notice that incorporates all of the content of the standard HMIS Notice. The Client Notice must be posted at each Intake desk.

WRITTEN CLIENT CONSENT FOR COC DATA SHARING

At the initial intake, the client should be provided with an oral explanation and written documentation about the option of sharing his/her information within the HMIS.

The client maintains a right to revoke written authorization at any time, in which case, any currently shared information will become non-shared from that point forward. Each agency should have their own Client Revocation Form that is to be signed by the client. Each agency must have their own procedure for accepting complaints about privacy and security.

HMIS users may share client information only if the client authorizes that sharing with a valid Client Release of Information form. If the client refuses to sign, a written explanation for the reason of denial must be provided.

APPLICABILITY OF CONSENTS

The agency shall uphold federal and state confidentiality regulations to protect client records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail.

The HMIS Lead has prepared standard documents for HMIS Notice of Privacy Practices and Client Consent to Release Information (ROI). Providers may either use these forms or incorporate the content of HMIS documents into the Provider's own documentation.

All written consent forms must be stored in a client's case management file for record keeping and auditing purposes.

Agencies shall provide required information in other languages other than English that are common in the community, if these speakers of these languages are found in significant numbers and come into frequent contact with the project.

Agencies shall provide reasonable accommodations for persons with disabilities throughout the data collection process. This may include, be limited to, providing qualified sign language interpreters, readers or materials in accessible forms such as Braille, audio, or large type, as needed by individual with a disability.

VICTIM SERVICE PROVIDER DATA IN HMIS

Victim service providers that are funded under HUD's Supportive Housing Program, Shelter Plus Care Program, Section 8 Moderate Rehabilitation SRO Program, Emergency Solutions Grant Program, and Continuum of Care Program are prohibited from disclosing any personally identifying information for purpose of HMIS, per the requirements of the Violence and Women and Department of Justice Reauthorization Act of 2005.

HMIS DATA QUALITY

Data quality is critical for a CoC to: (1) Measuring the nature and extent homelessness, (2) completing required HUD reports, (3) meet the CoC's local homeless data needs. Timely, accurate and complete is central and critical to success of HMIS. The data quality standards are to be reviewed/revised yearly.

HMIS DATA QUALITY PLAN

1. Specifies that data quality standard to be used by all participating agencies.
2. Provide a mechanism for monitoring adherence to the standard.
3. Provides the necessary tools and training to ensure compliance with the standard.
4. Includes strategies for working with agencies that are not in compliance with the standard.

DATA QUALITY STANDARDS

1. All names will be accurate.
2. Blank entries in required fields will not exceed 5% per month.
3. Data entry must be complete within fifteen working days after the beginning of the month of data collection.
4. Project entry and exit dates should be recorded upon any project entry or exit on all participants. Entry dates should record the first day of housing or project entry (for Services Only projects) with a new entry date for each period/episode of housing or service. Exit dates should record the last day of residence in a project's housing before the participant leaves housing or the last day a service was provided.

DATA QUALITY MONITORING

The HMIS Lead will perform regular data integrity reports on the HMIS data.

HMIS Lead will:

1. Run Data Quality Completeness Report Card [ART report 0252] monthly.
2. Run Duplicate Clients [0212] monthly.
3. Run other data quality reports as appropriate.
4. Rerun reports for errant Providers.

DATA COLLECTION REQUIREMENTS

Each agency is responsible for ensuring minimum set of data elements, referred to as the Universal Data Elements (UDE's) as defined by the *HUD Data and*

Technical Standards, will be collected and/or verified from all the clients at their initial project enrollment or as soon as possible thereafter. Providers are required to enter data into the HMIS fifteen working days after the beginning of the month of collecting information.

Agencies must provide client-level data for the Program-Specific Data Elements (PSDE) using the required response categories detailed in the "Required Response Categories for Program-specific Data Elements" section of the *HUD Data and Technical Standards.* These standards are already incorporated into the HMIS.

Income and disability elements are to be reviewed/updated quarterly.

Project Descriptor Data Elements (PDDE) are to be reviewed/updated every October.

Project Inventory is to be reviewed/updated at the time of the yearly HIC and PIT.

DATA QUALITY TRAINING

Each end user of the HMIS system must complete at least one training session with the HMIS Lead and sign the User License Agreement before being given HMIS login credentials. This includes basic data entry and running reports in ART (Advanced Reporting Tool).

All staff are encouraged to run their own data quality reports so that agencies can monitor their own data quality and become more effective in serving our clients across the Continuum.

Required HUD Annual Performance Reports (APRs) data will be entered by the Providers. Each provider will designate a person to enter the data into ***e-snaps***.

HMIS DATA ACCESS CONTROL POLICY

1. User Accounts

The HMIS Lead is responsible for managing user accounts for the agencies.
The HMIS Lead is responsible for inactivating and/or removing users from the system when contacted by the agency. He/she should discontinue the rights of a user immediately upon that user's termination from any position with access.

2. User Passwords

Each user will be assigned a unique identification code (User ID), preferably the first initial and last name of the user.
The user will be required to establish a new password upon their initial log-in. This password will need to be changed every 45 days. Passwords should be

between 8 and 16 characters long and contain at least two numbers. The password format is alphanumeric and case-sensitive.

3. Password Reset
Except when prompted by ServicePoint® to change an expired password, users cannot reset their own password. If a user needs to have his/her password set, the HMIS Lead will need to reset the password.

4. System Inactivity
Users must log off from the HMIS application and their workstation if they leave the workstation. Also, HUD requires password protected screen-savers on each workstation. If the user is logged onto a workstation and the period of inactivity on that workstation exceeds 30 minutes, the user will be logged off the system and/or will be asked if they wish to continue the session. (ServicePoint®.)

5. Unsuccessful Login
If a user attempts to log in 3 times unsuccessfully, the User ID will be "locked out", their access permission will be revoked, and they will be unable to regain access until their User ID is reactivated by the HMIS Lead. (ServicePoint®.)

6. Hardcopy Data Control
Printed versions (hardcopy) of confidential data should not be copied or left unattended and open to compromise. HMIS information in hardcopy format should be disposed of properly. This could include shredding finely enough to ensure that the information is unrecoverable.

HMIS DE-DUPLICATION OF DATA POLICY AND PROCEDURES

3. De-duplication of Data Elements
The HMIS application will use the following data elements to create unduplicated client records:

- Name (first, middle, last, suffix; aliases or nicknames should be avoided).
- Social Security Number.
- Date of Birth.
- Race and Ethnicity.

4. User mediated Look-up
The primary way to achieve de-duplication will be a user-mediated search for the client database prior to creating a new client record. The user will be prompted to enter a minimum number of the data elements into the HMIS application and a list of similar client records will be displayed. Based on the results, the user will be asked to select a matching record if the other identifying fields match correctly.

If the user is unsure of the match (either because some data elements differ or because of blank information), the user should query the client for more information and continue evaluating possible matches or create a new client record.

HMIS DATA USE AND DISCLOSURE POLICY AND PROCEDURE

CoC approved Uses and Disclosures

Identifiable client information may be used, or disclosed, in accordance with the *HUD Data and Technical Standards* for:

- Uses and disclosures by law.
- Aversion of a serious threat to health and safety.
- Uses and disclosures about victims of abuse, neglect or domestic violence.
- Uses and discloses for academic research purposes.
- Disclosures for law enforcement purposes in response to a lawful court order, court ordered warrant, subpoena or summons issued by judicial office or a grand jury subpoena.

Aside from the disclosures specified above, a client's protected personal information will only be disclosed with his/her consent.

HMIS DATA RELEASE POLICY AND PROCEDURES

1. Client-identifying Data

No identifiable client data will be released to any person, provider, or organization that is not the owner of said data for any purpose other than those specified in the *HUD Data Uses and Disclosure Policies and Procedures* section without the written permission of the client.

2. Data Release Criteria

HMIS client data will be released only in aggregate for the purpose beyond those specified in the *HUD Data Uses and Disclosure Policies and Procedures* section, according to the criteria specified below.

All data must be anonymous, be removal of either identifiers and/or all information that could be used to infer an individual or housed identity.

Only agencies can authorize release of aggregate program-specific information beyond the standard reports complied by the HMIS Lead for funding purposes. There will be full access to aggregate data for all participating agencies.

Parameters of the release of aggregate data (*i.e.*, where the data comes from, what it includes and what it does not include) will be presented to each requestor of aggregate data.

Released aggregate data will be made available in the form of an aggregate report and/or raw dataset.

HMIS Technical Support Policies and Procedures

HMIS Application Support

As unanticipated technical support questions on the use of the HMIS application rise, user will follow the procedure to resolve those questions:

- Begin with utilization of training materials.
- If the question is still unresolved, direct the technical support question to the HMIS Lead.
- If the question is still unresolved, the System Administrator will direct the question to Bowman Systems support staff

User Training

The HMIS Lead will provide HMIS application training periodically throughout the year. If additional or specific training needs arise, the HMIS Lead may arrange for special training sessions. Agencies receiving HUD funding are required to be trained once a year. Yearly training includes data security, privacy and quality.

If users are entering data for an agency in a location that us out of the county, they can be trained by other CoCs in Illinois that use ServicePoint ®.

DEFINITIONS

Act: means the McKinney-Vento Homeless Assistance Act, and, unless otherwise specified, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH).

Continuum of Care (CoC): The group composed of representatives from organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, business, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless persons organized to carry out the responsibilities of the CoC.

HIPPA: Health Insurance Portability and Accountability Act

HMIS: Homeless Management Information System. The information system designated by the Continuum of Care to comply with requirements of 24 CFR Part 580 and used to record, analyze data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness.

HMIS Lead: The entity designated by the Continuum of Care in accordance with 24 CFR Part 580 to operate the Continuum's HMIS on the Continuum's behalf.

HMIS Vender: A contractor who provides materials or services for the operation of the HMIS. An HMIS vendor includes an HMIS software provider, web host server, as well as a provider of other technology or support.

HUD: Department of Housing and Urban Development.

Program: The federal funding source (e.g., HUD CoC).

Project: A distinct unit of an organization that provides services and/or lodging and is identified by the CoC as part of its service system.

Protected Identifying Information (PII): Information about a project participant that can be used to distinguish or trace a project participant's identity, either alone or when combined with other personal information, using methods reasonably likely to be used, which is linkable to the project participant.

Unduplicated count of homeless persons: An enumeration of homeless persons where each person is counted only once during a defined period.

User: An individual who uses or enters data into the HMIS.

Victim Service Provider: A private nonprofit organization whose primary mission is to provide services to domestic violence, dating violence, sexual assault, or stalking. The term includes rape crisis centers, battered women's shelters, domestic violence transitional housing projects, and other projects.

HMIS FORMS & REVIEW NOTES

Agency Participation Agreement (see User License Agreement)

Client Data Privacy Plan: (included in HMIS Policies and Procedures)

Data Quality Plan: (included in HMIS Policies and Procedures)

HMIS Policy and Procedures:
Last modified: 4/9/15
Last Annual Review/Approval by CoC: 12/11/2014
First Draft/Approval by CoC: 01/10/2013

Notice of Privacy Practices:
Reviewed/Approved by CoC: 6/13/13

Release of Information:
Reviewed/Approved by CoC: 7/13/13

Security Plan: (included in HMIS Policies and Procedures)

User License Agreement:
Reviewed/Approved by CoC: 5/8/2014

(c) Applicants living or working in McHenry County will be offered assistance before applicants living or working outside of the County.

(d) Preference will be given to applicant families, otherwise eligible, who are currently residing in Emergency Shelter, Transitional Shelter, Permanent Supportive housing or participating in homeless services at/in/through a participating McHenry County Continuum of Care agengy (at the time of verification) and that agency has provided a Continuum of Care Participation Verification form that is not more than 30 days old. The Continuum of Care Participation Verification form will contain information confirming the eligible applicant's current successful program participation, services received, and recommendation for housing assistance through McHenry County Housing Authority. The referring agency will verify that supportive service through the agency will continue to be available for the participant after the participant begins Public Housing tenancy.

D. Processing Applications for Admission

1. MCHA will accept and process applications in accordance with applicable HUD Regulations and MCHA procedure on taking applications and initial processing. MCHA will assume that the facts certified to by the applicant in the preliminary application are correct, although all those facts will be verified later in the application process.

2. Interviews and Verification Process

As applicants approach the top of the waiting list, they will be contacted and asked to come to MCHA for an interview to complete their applicant file. Applicants who fail to attend their scheduled interview in two separate instances without providing prior notice to MCHA, or who cannot be contacted to schedule an interview after attempting to contact by mail and telephone, will have their applications withdrawn, subject to reasonable accommodations for people with disabilities.

(a) The following items will be verified according to MCHA's procedure on verification, to determine qualification for admission to MCHA's housing:

(i) Family composition and type (Elderly/Disabled/near elderly /non-elderly);

(ii) Annual Income;

(iii) Assets and Asset Income;

(iv) Deductions from Income;

(v) Preferences;