

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

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

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

Things to Remember

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): UT-504 - Provo/Mountainland CoC

CoC Lead Agency Name: United Way of Utah County

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

Instructions:

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

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

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

Name of primary decision-making group: Mountainland Continuum of Care Executive Committee

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 64%

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

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

Specify "other" process(es):

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

The CoC sought out representatives from all appropriate entities and organizations. The representatives from governmental entities were appointed by their jurisdictions. Non-profit organizations assigned individuals from their organizations to serve on the CoC. Businesses are chosen, recruited and elected by the full membership of the CoC. Homeless individuals volunteer and are then voted onto the CoC. Each of these processes provides for the most committed and participatory individuals to serve on the Continuum.

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

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

Specify "other" process(es):

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

Yes. The Mountainland CoC has chosen United Way of Utah County as their lead organization, fiscal agent and grant award recipient. United Way has assigned staff to serve in a supportive role in supporting the activities of the CoC (calling meetings, sending out funding announcements, doing press releases, notifications, etc.) With the necessary administrative funds from HUD, United Way of Utah County has committed to expand its staffing capacity to carry out and be responsible for applying, serving as the grantee, providing project oversight and monitoring and all other required activities.

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

Instructions:

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

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Discharge Planning Committee	Addresses issues related to persons being discharged from hospitals, county jail and other institutions to ensure persons are not released to homelessness	quarterly (once each quarter)
Re-Entry Assistance Program Committee	Provides oversight and planning for specific re-entry program for homeless persons released from County Jail and participating in REAProgram.	Monthly or more
Community Relations Committee	Promotes community understanding and awareness of homelessness	Monthly or more
Education Committee	Provides coordination for and ensures access to educational resources for homeless families with children	quarterly (once each quarter)
HOME Committee	Planning for potential HOME funded projects	annually (every year)

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

Agencies that are eligible to apply for local HOME funds meet together on an annual basis to review the status of previously funded projects and to discuss and make recommendations for renewal and new projects to the local HOME Consortium Committee. The local HOME funding process accepts applications once a year. Therefore this HOME Committee only needs to meet once a year to provide input to the funding group.

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Utah Department of Workforce Services	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Provo City Redevelopment/Utah Valley Consortium...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Orem City	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Mountainland Association of Governments	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Utah County Substance Abuse	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Utah County Council of Governments	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Provo City Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Housing Authority of Utah County & Weatherizati...	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Utah County Sheriff's Dept.	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Community Action Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Friends of the Coalition (Food and Care Coaliti...	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Center for Women and Children in Crisis-CWCIC- ...	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
Peace House-domestic violence shelter	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
United Way of Utah County	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Rural Housing Development	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

Veterans Center/SL Veterans Program	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Veteran s
Heber Valley Counseling-Mental Health Authority	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
Children's Justice Center	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Utah Homeless Management Information System	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
Utah Valley Regional Medical Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	NONE
Mountainland Community Housing Trust	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Habitat for Humanity	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Bank of American Fork	Private Sector	Busi ness es	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Central Utah Center for Independent Living	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
I Care, Inc.	Private Sector	Faith -b...	Primary Decision Making Group, Attend 10-year planning me...	Substan ce Abuse
Utah Alcoholism Foundation, House of Hope	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substan ce Abuse
LDS Church Welfare Services	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Papilion House, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Provo School District Homeless Liason	Public Sector	Sch ool ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Alpine School District Homeless Laison	Public Sector	Sch ool ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Nebo School District Homeless Laison	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Wasatch Mental Health	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
iPromise Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Substan ce Abuse

State Dept. of Community & Culture	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
St. Mary's Episcopal Church	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Park City Realty	Private Sector	Businesses	Primary Decision Making Group	NONE
Utah Valley University	Public Sector	School...	Primary Decision Making Group	NONE
Nexstep Medical Detox	Private Sector	Businesses	Primary Decision Making Group	Substance Abuse
Prudential Realty	Private Sector	Businesses	Primary Decision Making Group	NONE
American Red Cross	Private Sector	Non-pro..	Primary Decision Making Group	NONE
LDS Church	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Wasatch County Housing Authority	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Social Security Administration	Public Sector	Local g...	Primary Decision Making Group	Seriously Me...
Brigham Young Univ Comprehensive Clinic	Private Sector	Faith-b...	Primary Decision Making Group	NONE
The 13th Step	Private Sector	Businesses	Primary Decision Making Group	Substance Abuse

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

Instructions:

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

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.

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

Name of organization or individual: Utah Department of Workforce Services

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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- Services provided, if applicable

Name of organization or individual: Provo City Redevelopment/Utah Valley Consortium/Consolidated

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

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

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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- Services provided, if applicable

Name of organization or individual: Orem City

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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Name of organization or individual: Mountainland Association of Governments

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

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

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Utah County Substance Abuse

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Utah County Council of Governments

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Provo City Housing Authority

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Housing Authority of Utah County & Weatherization Program

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Utah County Sheriff's Dept.

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

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

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

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

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

Name of organization or individual: Community Action Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Friends of the Coalition (Food and Care Coalition of Utah Valley0

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Center for Women and Children in Crisis-CWCIC- domestic violence shelter

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Peace House-domestic violence shelter

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: United Way of Utah County

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Rural Housing Development

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Veterans Center/SL Veterans Program

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Heber Valley Counseling-Mental Health Authority

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Children's Justice Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Utah Homeless Management Information System

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Utah Valley Regional Medical Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Mountainland Community Housing Trust

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Utilities Assistance, Life Skills, Rental Assistance
(select all that apply)

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

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

Name of organization or individual: Habitat for Humanity

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Bank of American Fork

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Central Utah Center for Independent Living

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: I Care, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Law Enforcement, Mental health, Transportation, Rental Assistance, Employment
(select all that apply)

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

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

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

Name of organization or individual: Utah Alcoholism Foundation, House of Hope

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: LDS Church Welfare Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Papilion House, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Provo School District Homeless Liason

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Alpine School District Homeless Liaison

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Nebo School District Homeless Liaison

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Wasatch Mental Health

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: iPromise Foundation

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: State Dept. of Community & Culture

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: St. Mary's Episcopal Church

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Park City Realty

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Utah Valley University

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Nexstep Medical Detox

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Alcohol/Drug Abuse
(select all that apply)

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

Name of organization or individual: Prudential Realty

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: American Red Cross

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: LDS Church

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Wasatch County Housing Authority

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Social Security Administration

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Brigham Young Univ Comprehensive Clinic

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: The 13th Step

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

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

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

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

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

**Open Solicitation Methods:
(select all that apply)** a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

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

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

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

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

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

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

Emergency Shelter: Yes

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

Some ES beds were removed the HIC (-22 year-round beds); this decrease is due to administrative clarification.

HPRP Beds: Yes

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

The number of individuals served by HPRP dollars was essentially the same as last year (+3 beds). This change is relatively small and does not represent a substantive change in the way service is being delivered.

Safe Haven: Not Applicable

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

Not applicable.

Transitional Housing: Yes

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

A 2010 under-development TH program was reformatted to operate as PSH resulting in a loss of 39 year-round beds in this category.

Permanent Housing: Yes

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

Overall, the PSH stock decreased slightly (-19 year-round beds); this decrease is due to administrative clarification.

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

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

Instructions:

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

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

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

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, Local studies or non-HMIS data sources, Other, Housing inventory

Specify "other" data types:

Sheltered count

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

Data was utilized from the sheltered & unsheltered PIT & count data from the service-based survey that collected data on non-PIT eligible, precariously housed pops., & pre-chronic pops. Criteria were developed to classify persons into this at-risk group involving considerations of disabling conditions, housing instability, & dangerous living conditions. The CoC also looked at needs for Rapid Re-housing & Long-term Housing Subsidies. To predict need placements for each individual, the CoC evaluated client & PIT-service placement characteristics to generate a likely service placement that would end each person's homelessness. Predictions were then placed in the context of the HIC.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation coverage area:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	UT-504 - Provo/Mountainland CoC, UT-500 - Salt Lake City & County CoC, UT-503 - Utah Balance of State CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ClientTrack Enterprise
What is the name of the HMIS software company?	Data Systems International
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	08/01/2004
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inability to integrate data from providers with legacy data systems
If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).	
	N/A

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

Utah HMIS and partners assessed their ability to maintain an adequate level of service while addressing software specific issues (data corruption, inaccurate reports, system shutdowns) and elected to change software providers. The UHMIS staff spent months training providers on the new software (ClientTrack) while access to the old software (MetSys) was in place.

The new system went live on July 1, 2011. The Continuum opted against the migration of old data because of the added cost, time and questionable reliability of the information. Now that agencies have been trained and are using the system, UHMIS is working with providers to emphasize data quality and the importance of timely data collection and entry. UHMIS has identified non-HMIS providers and will work with them to help them participate in the state-wide HMIS.

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

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

Organization Name Utah State Community Services Office
Street Address 1 324 S. State St.
Street Address 2 Suite 500
City Salt Lake City
State Utah
Zip Code 84111
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify
Is this organization the HMIS Lead Agency in more than one CoC? Yes

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

Instructions:

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

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

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

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

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

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	65-75%

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

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

Part of the decrease in bed coverage is due to adding VA units to the housing inventory chart through the VA bed reconciliation process. Now that the CoC is aware of these programs, HMIS staff is working with the Ark of Eagle Mountain to train agency staff and allow them access to HMIS for data entry on those units.

One of the main shelter providers in the region is the LDS Church. At this time the LDS Church does not participate in HMIS. We are hoping they choose to do so in the future.

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

Instructions:

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	7%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	13%
* Gender	0%	0%
* Veteran Status	0%	7%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	7%	0%
* Name	0%	0%

How frequently does the CoC review the quality of program level data? At least Quarterly

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

Utah HMIS routinely trains on entry, interim, and exit processes for tracking necessary data elements. In addition, the software has tools in place to ensure the users are capturing the universal and appropriate program data fields on each client by prompting questions or preventing users from moving between screens if questions are left blank. With the recent implementation of a new software, Utah HMIS will provide agencies with regular reports (monthly or quarterly depending on the program) on the quality of universal data elements and program level data quality. Utah HMIS staff will conduct onsite visits to agencies identified as having consistently poor data quality in order to provide additional training and support.

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

The Utah HMIS does not currently have policies and procedures to address valid entry and exit dates but is in the process of defining tools and procedures which will identify any discrepancies between entry levels relative to agency capacity. In addition, UHMIS has implemented a monthly reconciliation tool for HPRP providers to monitor funding assistance as it is linked to the number of persons served as they enter and exit the program. The CoC is working with the Utah HMIS staff to develop policy and procedures to ensure valid program entry and exit dates to improve overall data quality and outcomes.

Indicate which reports the CoC or subset of the CoC submitted usable data: 2010 AHAR
(Select all that apply)

Indicate which reports the CoC or subset of the CoC plans to submit usable data: 2011 AHAR
(Select all that apply)

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 08/08/2011

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

* Privacy/Ethics training	At least Annually
* Data Security training	At least Annually
* Data Quality training	At least Quarterly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly

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

Instructions:

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

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

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

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

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

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

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

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

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

Emergency Shelter: 100%
Transitional Housing: 100%

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

The PIT numbers changed quite a bit from 2010 to 2011: sheltered populations decreased 16%; unsheltered populations decreased 72%. For the sheltered population decrease, the amount of eligible PIT shelter housing decreased by over 20 beds. For the unsheltered decrease, most of the activities carried out in 2010 were carried out in 2011; however fewer law enforcement entities participated and therefore the numbers were less in 2011 compared to the 2010 PIT.

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

Instructions:

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

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

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

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

If Other, specify:

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

The PIT across all three Utah CoCs was centralized in the State Community Services Office (SCSO). SCSO staff developed the design of the count procedures and compiled the count data. Prior to the count, shelter and housing providers were instructed on the requirements: timeline for reporting, eligibility of individuals for the count, reporting methods, etc. Service providers were instructed to fill out a survey for the PIT night. All surveys were reviewed: any errors, inconsistencies, or omissions in the information were identified.

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Subpopulation information was requested specifically on the PIT shelter/housing survey. No extrapolation was used to generate subpopulation data for sheltered populations.

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

Instructions:

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

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

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

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

If Other, specify:

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

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

Service providers were instructed to fill out a survey for the PIT night. All surveys were reviewed: any errors, inconsistencies, or omissions in the information were identified and addressed before the final report was completed.

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

Instructions:

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

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

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

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

If Other, specify:

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

The street count form was utilized by volunteers and providers on the count night to record individuals they encountered in places not meant for habitation (PNMH). Service providers and volunteers canvassed communities looking for individuals sleeping outside, in abandoned buildings, parked cars, and other non-residential structures. On the forms, volunteers indicated number of individuals, locations of individuals, and a descriptive note ('tent', 'mother with 2 small children', 'under bridge', etc.). The street survey form was administered either on the streets the night of the count or at service providers for up to 7 days following the count. The service providers included food pantries, Workforce Services and the soup kitchen. Three questions on the survey determine where the respondent slept on the count night: shelter, motel room paid by a voucher, house or apartment, PNMH, doubled-up, hospital, substance abuse treatment facility, correctional facility, or motel. The form asked the respondent if he had anyone staying with him on the night of the count. If he was accompanied on the night of the count, he was asked to list his companions, ages, gender, and family connections (i.e., was the companion a family member of the respondent). This question allowed the form to capture a greater headcount beyond just the respondent; any additional people identified in this question were included in the PIT total. The remainder of the survey collected demographic information on the respondent: gender, ethnicity, race, age, disabling conditions, veteran status, domestic violence victim, length of tenure as a Utah resident, foster care experience, and questions to identify respondents who fit the chronically homeless definition.

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

Instructions:

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

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

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

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

Instructions:

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

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

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input checked="" type="checkbox"/>
Enumerator Observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

For the street count, de-duplication consisted of an examination of numbers, locations, and notes to identify any overlap. For de-duplication on the service-based survey, the first three questions on the survey seek to filter out non-eligible respondents: one question asking if the individual has already taken the survey; two questions to determine if the respondent spent the count night in PNMH. Taken together, these questions identify already captured individuals (those who either took the street survey once before or who were captured in the sheltered count surveys) and non-eligible individuals (individuals staying in non-homeless institutions, doubled-up situations, or those with their own residences).

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

Our Continuum has very few unsheltered homeless households with dependent children. It has been our experience that families seek assistance and are either being sheltered by a shelter program or are precariously housed with friends or relatives. We see more unsheltered homeless families during the spring and summer months. Generally we see that homeless families will camp in campgrounds, near the river, and with friends. Therefore our outreach team seeks families in these locations to offer shelter and other services.

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

Persons who sleep on the street or other places not meant for human habitation generally routinely seek assistance at our local soup kitchen and/or the food bank. Staff members routinely interview persons seeking that type of assistance and offer services to persons who are homeless. In addition, local law enforcement is very familiar with the shelter and homeless assistance programs and routinely inform people who they perceive to be homeless as they encounter them. Local, downtown churches are also very familiar with the shelter and homeless assistance programs; these churches routinely refer homeless persons to the services.

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

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

Instructions:

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

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

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

- How many permanent housing beds are currently in place for chronically homeless persons?** 57
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 115
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 135
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 200

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

1. Mountainland Community Housing Trust has begun and will complete construction of 78 affordable housing units in Heber City in 2012. 5 of these units with a total of 7 beds will be dedicated for chronic homeless persons.
2. Seek CoC PSH funding for new rural housing project to provide 7 new beds for chronically homeless persons.
3. Seek CoC PSH funding for new housing project to provide 7 new beds for chronically homeless persons.
4. Seek HOME renewal funding for 20 permanent housing units for 20 chronic homeless persons.
5. Seek SHP HUD renewal funding for 5 Star project (5 beds for chronically homeless persons).
6. Seek HUD S+C renewal funding for three projects.
7. Hold customized "Poverty Simulation" for elected officials and community leaders in order to increase their understanding for need for affordable housing.
8. Ensure that the iPromise projects are reflected in the HIC and therefore reflected in achieving our goals.

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

1. Housing Authority of Utah County will build/rehab two projects which will result in 30 PH beds for chronic homeless persons.
2. Provo City Housing Authority will build/rehab two projects which will result in 30 PH beds for chronic homeless persons.
3. Housing Authorities will seek and acquire a minimum of 10 VASH vouchers.
4. The Re-Entry Assistance Program will seek additional funding to expand by 50 additional beds for chronic homeless persons.
5. iPromise will develop an additional 20 permanent housing beds for chronic homeless persons each year over nine years.
6. Utilize results of housing study to inform public officials about need for housing. Work with public officials to plan and carry out PH projects.
7. Partner with the state office and state homeless committee to inform legislators regarding need for housing & funding.

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

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

Instructions:

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

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

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 81

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

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85

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

In this last project performance year, we attained our goal of more than 80% - we reached 81%. The CoC will do the following to try to maintain or at a minimum to exceed 80%:

1. Continue to ensure that a minimum of 80% of PH program participants take the tenant rights and responsibilities class to increase their skill and knowledge in maintaining housing.
2. Continue to reach out to and educate landlords and property management companies.
3. Expand case management services through application for additional state and other funding.
4. Maintain and increase support services for tenants.
5. Hold customized "Bridge Out of Poverty" training for case managers to result in greater success in working with clients.

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

1. The CoC will build upon the knowledge gained in the landlord survey by further identifying and carrying out activities which directly address the issues and concerns of landlords and property managers.
2. The CoC will set up an advisory committee made up of property managers and landlords to further these relationships and to continuously seek ways to increase the percentage of persons remaining in PH and to overcome barriers to success.
3. The CoC will work with cities regarding the development of appropriate landlord regulations to support this goal.
4. CoC will work with the State Homeless Coordinating Committee to seek additional funding to increase case management and support services.

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

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

Instructions:

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

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

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 64

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 67

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 72

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 77

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

The CoC did not attain our goal of a minimum of 82%. We will carry out the following to achieve at least 67%:

1. Utilize existing funds to provide case management and support services to assist persons to move from transitional housing to PH units.
2. Will provide tenant rights instruction to tenant of transitional housing projects.
3. Will work with the domestic violence project to provide tenant rights training and other support.

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

1. Case managers working with persons living in TH units will participate in customized "Bridge Out of Poverty" training in increase skills in working with people in poverty.
2. Utilize the results of the landlord survey/study to improve relationships with property owners and managers to improve results.
3. Ensure that 85% of all program participants in TH participate in the community action tenant rights and responsibilities classes; follow up with individuals to teach individualized instruction as needed.
4. Seek federal, state and private funding to increase resources to participants to support their move to PH - i.e. furniture, household goods, apartment set-up kits, emergency fund.
5. Expand Community Action Circles Project to assist tenants of transitional housing units in stabilizing and increasing self-reliance. Circles is built upon Bridges Out of Poverty and moves people out of poverty.

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

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

Instructions:

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

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 47

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 45

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 47

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 50

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

The CoC attained 47% of persons employed at exit in 2010 (3% more than our goal). The CoC will carry out the following to ensure that we will maintain at or close to this number:

1. Continue to utilize the employment specialists at the Department of Workforce Services to assist participants in attaining and maintaining employment.
2. Clients will participate in the employment workshops at DWS.
3. DWS will assist eligible persons in attaining the needed documents to attain employment (identification, birth certificates, etc.)
4. Service providers will provide internet access for participants to access jobs through the Dept. of Workforce Services.
5. Mentors in the REAP Program will work with participants to overcome barriers to employment.

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

The CoC will carry out the following activities:

1. Circles Project Guiding Coalition will work to identify and to address barriers to attaining and retaining employment. Circles Project Allies will support program participants; goals in attaining and retaining employment.
2. REAP Program mentors will receive periodic training regarding employment.
3. CWCIC (domestic violence program) will continue to seek funding to develop and operate a special site-specific employment program.
4. Agencies will continue to work closely with Dept. of Workforce Services to address barriers, seek solutions & access services.
5. CoC will work with Department of Workforce Services to ensure that Spanish-speaking employment specialists are available when needed.

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

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

Instructions:

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

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 10

In 12 months, what will be the total number of homeless households with children? 10

In 5 years, what will be the total number of homeless households with children? 10

In 10 years, what will be the total number of homeless households with children? 5

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

1. Two local agencies have contracted with Provo City and the state to provide HPRP assistance to eligible families;
2. These two agencies (who provide rapid re-housing and homeless prevention) will continue to work with landlords and property management companies to result in a reduction in the number of families who are evicted from housing units.
3. Invite property owners and property management company representatives to participate in "Poverty Simulation" activity and "Bridge Out of Poverty" training to increase their understanding of what it means to live in poverty and the barriers associated with such.

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

1. CoC members will use the results of the three-county housing study to inform elected officials, city planning commissions and community leaders about the need for affordable housing for a variety of households;
2. Work with a specialized non-profit to identify housing projects, potential funding resources and more to address the affordable housing gaps identified in the housing study;
3. Support the efforts of individual CoC member organizations to build and/or develop affordable housing for sub-populations including families with children;
4. Seek federal, state, private and other funding to provide homeless prevention and rapid re-housing assistance after the HPRP funding is ended.
5. Continually identify and address barriers and to develop solutions to retaining and placing homeless households with children into housing.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Foster Care (Youth Aging Out):

The Utah Department of Human Services (DHS) has a process for discharging youth from the custody of the Division of Child & Family Services (DCFS). DCFS Practice Guidelines require a transition plan be developed with youth prior to exiting foster care after age 18 at least 90 days prior to exiting. Exit plan includes: connections; support services; housing; health insurance; vocational & educational needs; employment & workforce supports. Caseworkers prepare youth for exit. Options for discharge may include: family members, foster parents, apartments, FUP utilization, student housing, supervised living through other programs. Department of Workforce Services (DWS) and DHS created a partnership forming the DHS Discharge Planning Workgroup. Representatives for DHS, Juvenile Justice Services, DCFS, Div of Substance Abuse and Mental Health, and DSPD implement changes that improve housing stability & prevent homelessness for youth making the transition to emancipation. Other stakeholders involved: Dept. of Community & Culture, Housing Authorities with Family Unification Programs, Utah Job Corp, Court Improvement Project, Office of the Guardian Ad Litem, Initiatives on Utah Children in Foster Care, Youth Mentoring Project, Utah Foster Care Foundation, Community Action & Local Homeless Coordinating Councils. The local CoC Discharge Planning addresses the issues of youth exiting the Foster Care system as well.

Health Care:

Insurance restrictions necessitate timely discharges for all hospitals. Intermountain Healthcare (IHC) is one of the largest hospital systems in the Mountainland region. IHC discharge policies require initiation of a discharge plan for every patient upon admission. IHC collaborates with the patient to determine the most appropriate discharge location and to ensure compliance. If the patient does not have a safe discharge location, appropriate locations are identified. IHC staff assists with any needed paperwork in making referrals to an appropriate location. Patients discharged from emergency departments or inpatient units may be discharged to a variety of locations such as: their own home, in the care of friends/families, residential/group homes, assisted living or skilled facilities, or shelters. The hospital works closely with other stakeholders including community mental health, 211, state and county agencies, and housing agencies to help patients determine an appropriate discharge location. Some patients are homeless at time of admission and by choice return to homelessness upon discharge. Hospital staff make every effort to connect these patients to resources including medications/follow up care at locations such as Mountainland Community Health Center, and others. The Mountainland CoC has a local Discharge Planning Committee which oversees and addresses discharge issues in terms of health.

Mental Health:

The Utah Division of Substance Abuse & Mental Health (DSAMH) plan is to serve patients with mental illnesses in the least restrictive setting possible for patients discharged from Utah State Hospital (USH) (located in the Mountainland CoC). The plan prioritizes home and community based services and supportive services provided by the local mental health & substance abuse agencies to help decrease risk factors & link patients to services. DSAMH uses a tracking system to document needed services that are received by patients discharged from USH. Wasatch Mental Health in the Mountainland CoC region & the USH use the REDI (Readiness Evaluation & Discharge Implementation) state-wide program to identify preferences & obstacles to transition from treatment. Treatment providers assist patients & family (when available) to identify the level of care needed at discharge. Discharge options include: psychiatric & medical inpatient, community based acute treatment programs, residential placements, various housing options, independent living with case management, nursing home, & family. Collaborative agencies may include: housing authorities, Disability Law Center, faith based organizations, community action agencies, State Dept. of Community & Culture, DHS, PATH, VA, SSA, local governments, DWS, Departments of Corrections, Education, & Health, & community health care clinics & others. Mountainland CoC has a local Discharge Planning Committee which oversees discharge issues.

Corrections:

It is the policy of the Utah Department of Corrections and the Utah County Jail to work with community partners in an effort to discharge homeless individuals into transitional settings when special needs such as mental illness, substance abuse and medical needs are identified. Specialized staff at the correctional facilities work with offenders on employment training and placement, mainstream benefit application and VA benefits, as appropriate, to aid in successful transition. They assist in referrals to medical and mental health/substance abuse providers for services as well as supported housing opportunities. Some identified low risk offenders without special needs are referred to the homeless shelter for housing assistance if a housing resource cannot be identified prior to discharge. Corrections and the Utah County jail collaborates closely with Wasatch Mental Health, VOA, Housing Authorities, VA, DWS, Utah County Criminal Justice Services, Community Action, U.S. Probation and various other service providers to assure a collaborative and successful discharge. Utah County Jail has partnered with the Re-Entry Assistance Program (REAP) and iPromise to transition homeless persons to permanent supportive housing. REAP provides housing and intensive support services to 25 homeless individuals who have a history of substance abuse, dual-diagnosis, etc. The CoC Discharge Planning Committee oversees and addresses issues related to discharge from the Utah County Jail.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

The shared goals in the CoC Strategic Plan and CoC Plan are as follows:

1. Pursue all available federal, state, and local funds to meet special housing needs.
2. Participate in a combined public/private partnership for the development of transitional housing for homeless families, and educational opportunities for their children.
3. Explore the possibility for funding funds for additional single-room occupancy housing in the downtown area and other areas where support services exist.
4. Seek funding for shelter, which can bridge the gap between short-term emergency beds and longer-term transitional housing.
5. Seek cooperation and partnerships from local, state and federal agencies to address the housing issues of special needs populations including homeless.
6. Support the development of transitional housing for homeless individuals.
7. Support programs that assist homeless individuals and families to obtain jobs.

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

The C of C set up an Ad Hoc HPRP Planning Committee to work with the local HPRP funded jurisdiction (Provo City) to carry out the following tasks and activities to implement the HPRP program: assess need; assess current homeless prevention and rapid housing providers; determine best practices in coordination with the state Centralized Intake and Assessment Committee (HPRP); insure proper training of selected agency personnel; develop and implement a community agency referral form and process. C of C staff participates in the state Centralized Intake and Assessment Committee/HPRP Committee which has helped the several funded jurisdictions in the state to develop and implement consistent policies, forms, assessment processes, etc. In addition the C of C has carried out a survey of landlords to assess barriers and solutions to overcoming those barriers for low-income and homeless households.

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

C of C staff and Executive Committee members ensured that all members of the C of C received information regarding the availability of NSP funds and led discussions regarding potential projects and uses of the funds. The local housing authorities have submitted requests for HUD VASH funding but have yet to be successful. The C of C carried out special outreach efforts and services to homeless veterans during the 2011 Point in Time count in order to better identify the need. These activities will be repeated during the 2012 count.

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

If yes, please describe the established policies that are in currently in place.

The CoC requires that all applicants for CoC funds (to serve families with children) must have practices in place to ensure that children are enrolled in school and connected to services. The CoC also requires applicants and funded projects to have a staff member assigned to work with parents to ensure that children are enrolled in school and connected to services.

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

In 2010 the CoC set up a special Education Committee. The Committee's purpose is to bring together the Homeless Liaisons of the three major school districts, the domestic violence shelter, the family shelter program, the youth shelter program and others. This Committee meets on a quarterly basis to ensure that homeless families are identified and informed of their eligibility for education services. The Committee works on issues and barriers to families' participation in programs.

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

In each meeting the Education Committee discusses the educational needs of children in the community's shelter programs. They work on solving any problems which may arise. This Committee will continue to meet on a quarterly basis in 2012 and will continue to serve its purpose.

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

The local Veterans Center and the Salt Lake Regional Veterans Center participate regularly on the CoC. They have ensured that the CoC has been aware of the VASH and other funding available to serve homeless Veterans. At this point our CoC region has not received any VASH funding. In January 2010 and again in January 2011, the CoC agencies organized a special event to reach out to the homeless Veterans in our Community. We did extensive outreach through Veterans services, the soup kitchen, the food bank and other agencies. Agencies were present at the event to provide services and access to services. This event will be repeated in 2012. The CoC ensures that all relevant organizations (churches, Veteran organizations) are informed of the services available including shelter, HPRP, S+C, etc. The agencies which serve homeless Veterans are Community Action, Food & Care Coalition, the domestic violence shelters, DWS, Veterans Center, and the Social Security Administration. The goals of the CoC are to continue to develop permanent housing beds for chronically homeless persons, to ensure people leaving the local jail are housed, and to encourage local public officials to promote affordable housing in their communities. In 2012 the CoC will set up an ad hoc Veterans Outreach Committee which will meet on a quarterly basis. Its purpose will be to outreach to homeless Veterans in our community.

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

Wasatch Vantage Point serves the homeless youth in our community. They provide shelter for unaccompanied youth and work with them to become established in the community. They also assist youth as they enter and exit the Foster Care system in our community. There is a special community committee (not tied to the CoC) which continually works on the issues faced by emancipated youth, homeless youth (throw-aways and run-aways) and youth exiting the Foster Care system.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

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

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

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

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

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

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

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

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

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

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

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

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	91	Beds	7	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	80	%	81	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	82	%	63	%
Increase the percentage of homeless persons employed at exit to at least 20%	44	%	46	%
Decrease the number of homeless households with children.	2	Households	2	H o u s e h o l d s

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

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

We exceeded or reached 3 of the 5 goals.

1. Our goal to create 91 PH units for chronically homeless was substantially reliant on one local nonprofit. This nonprofit did have some success however their success came later in the year, and they did not participate in the HIC process. Therefore we did not count any of their units as achieved. Their project will be included in the HIC in 2012.
2. Our goal for the percentage of persons moving from TH to PH was 80%; the number achieved was 63%. The domestic violence transitional housing project had limited success in moving families to PH due to the special challenges of this population in regards to income and stability and due to the poor economy.

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

Instructions:

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2009	96	198
2010	102	117
2011	20	57

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

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$73,000	\$18,200	\$2,600	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$73,000	\$18,200	\$2,600	\$0	\$0

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

Our CoC agencies have worked with the HMIS staff to ensure that projects are accounted for and identified properly in the HIC. The agencies made adjustments to their projects in terms of designated units for chronically homeless population. The total number of units for homeless has not changed. However the number of units for chronically homeless has changed. In the initial stages of some projects, units were designated for chronically homeless however in practice many of these units are being utilized for non-chronically homeless persons and families in order to ensure that the units were occupied. We are working with the HMIS staff in our November meeting to review all projects again in terms of serving this population.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	57
b. Number of participants who did not leave the project(s)	103
c. Number of participants who exited after staying 6 months or longer	34
d. Number of participants who did not exit after staying 6 months or longer	95
e. Number of participants who did not exit and were enrolled for less than 6 months	23
TOTAL PH (%)	81

Instructions:

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	215
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	137
TOTAL TH (%)	64

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

Instructions:

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

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

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

Total Number of Exiting Adults: 690

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	39	6	%
SSDI	8	1	%
Social Security	31	4	%
General Public Assistance	34	5	%
TANF	69	10	%
SCHIP	89	13	%
Veterans Benefits	2	0	%
Employment Income	315	46	%
Unemployment Benefits	11	2	%
Veterans Health Care	1	0	%
Medicaid	111	16	%
Food Stamps	249	36	%
Other (Please specify below)	59	9	%
child support,family,pension			
No Financial Resources	88	13	%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

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

Instructions:

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

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

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

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

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

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

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

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

The CoC annually reviews the results provided in the APRs and provides a summary report to the full Continuum. The Continuum members can see from the consolidated report of all APR reports where agencies and programs are successful and not as successful in accessing mainstream resources. We then can strengthen relationships, provide additional information/training, etc.

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

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

The CoC had an active planning committee which met regularly before 2011 to improve CoC wide participation in mainstream programs. In 2009 the CoC organized a special ad hoc committee to specifically insure access to and coordination of HPRP programs with mainstream resources locally. This group met through 2010. In 2011 the CoC ensured that mainstream resource agencies and the HPRP funded agencies reported activity and any changes in services in the regular CoC full Committee rather than in a special subcommittee. These reports were provided on the following CoC meeting dates: May 2011, June 2011, August 2011 and September 2011.

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. biennially (every other year)

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

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

Work with the Local Department of Workforce Services to provide services in conjunction with TANF funding.

Has the CoC participated in SOAR training? Yes

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

March 2 and 3, 2006
September 14 and 15, 2006
August 24-25, 2010
October 19-20, 2010

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers help clients in completing online applications, assisting with phone interviews and following up with caseworkers as needed to resolve problems and address barriers.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Food stamps, general assistance, employment, Medicaid, SCHIP	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Home visits and contact with clients; when a problem is identified the case worker will either assist the client in calling or will call the specific program caseworker to resolve the issue.	

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
GSTR - Housing Pr...	2011-10-26 00:20:...	1 Year	Golden Spike Rehab	35,056	Renewal Project	SHP	PH	F
Support Services ...	2011-10-27 10:41:...	1 Year	Community Action ...	228,653	Renewal Project	SHP	SSO	F
Support Services ...	2011-10-25 22:42:...	1 Year	Center for Women ...	16,252	Renewal Project	SHP	SSO	F
UT-504-Ren-Renuwa...	2011-10-19 12:07:...	1 Year	Mountainlands Com...	124,913	Renewal Project	SHP	TH	F
Supportive Housin...	2011-10-24 15:47:...	1 Year	Papilion House, Inc.	35,056	Renewal Project	SHP	PH	F
UT01C604 001 - 2 C...	2011-10-28 10:33:...	1 Year	Housing Authority...	14,688	Renewal Project	S+C	TRA	U
2011 S+C Renewal ...	2011-10-26 18:31:...	1 Year	Housing Authority...	274,812	Renewal Project	S+C	TRA	U
2011 S+C Renewal - 2	2011-10-27 11:37:...	1 Year	Housing Authority...	14,688	Renewal Project	S+C	TRA	U
Papilion House, I...	2011-10-21 18:09:...	1 Year	Papilion House, Inc.	18,313	New Project	SHP	PH	P2
Supportive Housing	2011-10-27 10:34:...	1 Year	Provo City Housin...	21,379	Renewal Project	SHP	SH	F
HMIS MtLAND_2 011	2011-10-21 13:45:...	1 Year	Utah Department o...	25,675	Renewal Project	SHP	HMIS	F
Housing Project f...	2011-10-22 17:08:...	1 Year	Community Action ...	34,926	Renewal Project	SHP	PH	F

Shelter Plus Care...	2011-10-27 10:42:...	1 Year	Provo City Housin...	264,384	Renewal Project	S+C	TRA	U
Wasatch Permanent ...	2011-10-26 16:10:...	1 Year	Mountainlands Com...	55,000	New Project	SHP	PH	P1
Safe Shelter Empo...	2011-10-24 23:12:...	1 Year	Center for Women ...	51,692	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	\$573,602
Permanent Housing Bonus	\$73,313
SPC Renewal	\$568,572
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	UT 504 Cons Plan ...	10/28/2011

Attachment Details

Document Description: UT 504 Cons Plan Certification