

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.

CoC Name and Number (From CoC Registration): IL-519 - West Central Illinois CoC

CoC Lead Organization Name: West Central Illinois Center for Independent Living

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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: West Central Illinois CoC's Steering Committee

Indicate the frequency of group meetings: Monthly or more

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) 86%

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

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

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

In 1996, the three Community Action Agencies (CAA) in west central Illinois came together to discuss forming a continuum of care. Each CAA invited service providers from their respective service area to a meeting. Over sixty service providers came together to form the West Central Illinois Continuum of Care Consortium (WCICCC). WCICCC is a large, rural continuum with a service area of eleven counties. In 1997, in order to better structure WCICCC, a steering committee was developed to be the primary decision making group. Individuals volunteered and were assigned to fill the open positions.

CAAs address and reduce the suffering of the poor by providing programs to low-income individuals and families. The CAAs in the region also distribute the homeless prevention funds from Illinois Department of Human Services. Two of the three CAA executive directors manage transitional housing programs funded through HUD's CoC process. The executive directors for the three CAAs are active members of the steering committee. The CAAs also have outreach centers in the counties they respectively serve. WCICCC considers the three CAAs the core of the steering committee. The CAA representatives are considered assigned members. All other steering committee member positions are filled by volunteers.

Currently, there are seven organizations that represent the steering committee, including the CAAs. The WCICCC strives to have a broad representation among the steering committee. The steering committee members represent a domestic violence program, a homeless housing program that represents disabled women with children, a mental health service provider, a service provider that represents disabled individuals, a researcher affiliated with a university, and a formerly homeless individual (several members represent more than one subpopulation). This next year, the steering committee plans to invite another member on board. The new member manages an emergency shelter and soup kitchen, which some of the chronically homeless individuals in the region use.

Case managers for the three HUD CoC-funded programs in the region are invited to the meetings to share information about activities in their programs. There are three ex-officio members that attend steering committee meetings that represent state or federal agencies. The ex-officio members are a HUD Community Builder; an individual from the Illinois Department of Human Services, Homeless Prevention division; and another person from the state's housing advocacy group (Housing Action Illinois). Two of the three ex-officio members are active participants in the steering committee; the third person participates occasionally. The person that participates occasionally is very responsive to our group when information is needed. These three individuals do not have voting rights.

The steering committee holds open meetings and non-steering committee members frequently join steering committee meetings. WCICCC's website contains the minutes for previous meetings along with the agenda and logistics for future meetings.

As the social service environment changes, new members are recruited, such as the emergency shelter manager the steering committee plans to add to the committee later this year.

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

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

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would 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 the grantee, providing project oversight, and monitoring? Explain.

This may be a possibility, contingent upon receiving enough administrative funds to fully cover the cost of providing the extra services. The WCICCC covers an 11 county region consisting of 3 HUD CoC-funded grantees. A designee from the steering committee would be responsible for oversight and administration of HUD funds. Grantees would be monitored on a regular basis to provide consistency that meets program guidelines and encourages a successful client base.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
West Central Illi...	Quarterly
West Central Illi...	Quarterly
Quincy Area Partn...	Monthly or more
Interagency Counc...	Monthly or more
Alliance for Buil...	Monthly or more
Interagency Counc...	Monthly or more
Family Network (f...	Monthly or more
West Central Illi...	Annually
West Central Illi...	Annually

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: West Central Illinois CoC's Full Continuum Group:

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This group represents the service providers, economic/community development organizations, local public officials, law enforcement, ministerial associations, and formerly homeless persons. The Steering Committee consults the larger full continuum members on matters of great importance. This group votes on finalized, official continuum-wide documents and plans.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: West Central Illinois CoC's HMIS Committee Group:

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This group addresses HMIS-related issues.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Quincy Area Partnership for Unmet Needs

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The group exists to complement the social service system by compassionately responding through networking and collaborative funding provided by individual agencies, churches, and human service organizations to meet the needs of individuals in the community that may exceed the limits of any agency.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Interagency Council in Quincy

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The purpose of the group is to share what is happening in local organizations, such as new programs, services, accessing mainstream resources, and/or initiatives.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Alliance for Building Community (Quincy)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group is a collaboration of social service agencies, government, law enforcement, business, medical, and education agencies. The purpose is to improve the health in the area by identifying indicators of health/well-being, establishing targets around these indicators and monitoring progress toward these targets.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Interagency Council of McDonough County

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The purpose of the group is to share what is happening in local organizations, such as new programs or accessing mainstream services.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Family Network (formerly known as the Morgan County Homeless Task Force)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group discusses common problems and issues of homelessness in the community. The focus is to keep the community aware of homeless issues and look for solutions.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: West Central Illinois CoC's Evaluation Committee

Indicate the frequency of group meetings: Annually

Describe the role of this group:

This group evaluates and prioritizes the projects submitted in the annual HUD CoC grant application. Recommendations are made to WCICCC's Full Continuum to vote on.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: West Central Illinois CoC's Homeless Prevention Proposal Work Group

Indicate the frequency of group meetings: Annually

Describe the role of this group:

This group is responsible for putting together the annual Illinois Department of Human Services, Homeless Prevention division's grant application.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Illinois Department of Human Services (state an...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
U.S. Department of Housing and Urban Developmen...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Morgan County Commissioners	Public Sector	Local g...	None	NONE
McDonough County Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Warren County Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Morgan County Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Henderson-Mercer-Warren Extension Unit 1	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Illinois Institute for Rural Affairs, Western I...	Public Sector	School ...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
Regional Office of Education #1	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Regional Office of Education #2	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Regional Office of Education #26/Opening Doors-...	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Regional Office of Education #22	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Regional Office of Education #27	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Regional Office of Education #46	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Adams County Parole Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Adams County Probation Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Illinois Employment and Training Center	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE

West Central Illinois CoC				COC_REG_v10_000055
Housing Action Illinois	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Bridgeway	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Madonna House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
MCS Community Services (CAA)	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Mosaic	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Prairieland United Way	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
QUANADA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Samaritan Well, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Transitions of Western Illinois	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Two Rivers Regional Council (CAA)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
United Way of Adam County	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
West Central Illinois Center of Independent Living	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Western Illinois Regional Council (CAA)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
YWCA of Quincy	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
The Salvation Army (various locations)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
The Salvation Army of Quincy	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans
Two Rivers Regional Council Foundation	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
First Bankers Trust Company	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
North Central Behavioral Health Systems	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Lori Sutton (formerly homeless)	Individual	Homeless..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE

West Central Illinois CoC			COC_REG_v10_000055	
Kim Straub (formerly homeless)	Individual	Homeless..	Committee/Sub-committee/Work Group	NONE
Blessing Hospital	Private Sector	Hospital..	Committee/Sub-committee/Work Group	NONE
Mike Killebrew (formerly homeless)	Individual	Homeless..	Committee/Sub-committee/Work Group	NONE
Henderson County Health Department (including T...	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Eagle View Community Health Systems (Federally ...	Private Sector	Hospital..	Committee/Sub-committee/Work Group	NONE
Back to School Fair (Quincy Medical Group & Fir...	Private Sector	Hospital..	Committee/Sub-committee/Work Group	Youth
Fresh Smiles Dental Clinic (Quincy Dental Society)	Private Sector	Hospital..	Committee/Sub-committee/Work Group	NONE
Agency on Aging (various locations)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
American Red Cross (including Blood Mobiles)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Catholic Social Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Chaddock	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Child and Family Connections	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Community Counseling Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Cornerstone Foundation for Families	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Counseling Center of Pike County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
County Health Departments (various locations)	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Mental Health Centers (various locations)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Crisis Center Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Department of Children & Family Services (vario...	Public Sector	State g...	Committee/Sub-committee/Work Group	Youth
Early Beginnings	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth

West Central Illinois CoC			COC_REG_v10_000055	
Early Childhood Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Elm City	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Even Start	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Food Pantries (various locations)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Great River Recovery Resources	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Hopewell Clinic	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	NONE
Starting Point	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
New Start Rescue Mission	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Illinois School for the Blind	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Illinois School for the Deaf	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Jacksonville Development Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Ladies of Charity	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Land of Lincoln Legal Assistance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
MacArthur Early Childhood Center	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
YMCA (various locations)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Ministerial Associations (various locations)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Newman Clinic	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	Seriousl y Me...
Law Enforcement Offices (various locations)	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Prairie State Legal Assistance Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Public Housing Authorities (various locations)	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE

West Central Illinois CoC				COC_REG_v10_000055
Quincy Mass Transit	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Quincy Para Transit	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Veterans Affair (various locations)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans
Wells Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
West Central Child Care	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
West Central Mass Transit	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Western Illinois University	Public Sector	School...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Access Health Adams County	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Adams County Dental Clinic	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Medical Outreach Clinic	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Quincy	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Quincy Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
John Wood Community College	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods:
(select all that apply)

b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

Rating and Performance Assessment Measure(s):
(select all that apply)

a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, e. Review HUD APR for Performance Results, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

Voting/Decision Method(s):
(select all that apply)

a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, d. One Vote per Organization, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

New Start Rescue Mission was established which increased the number of beds available to individuals by ten. In the 2007 HIC, a service provider reported incorrect information about a shelter, the information was corrected in 2008 HIC.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

A transitional housing unit was added for families, increased beds by four. Another service provider had to decrease the number of beds it provided. In the 2007 HIC, a service provider reported incorrect information about a program, the information was corrected in 2008 HIC. All the changes resulted in a net decrease of two beds for transitional housing.

Permanent Housing: No

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

There were no changes reported for permanent supportive housing.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart

Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	West Central IL C...	09/25/2008

Attachment Details

Document Description: West Central IL CoC IL-519 Housing Inventory Charts

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/30/2008
(mm/dd/yyyy)

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

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

Not applicable.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: IL-519 - West Central Illinois CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ROSIE

What is the name of the HMIS software company? Municipal Information Systems, Inc. (MISI)

Does the CoC plan to change HMIS software within the next 18 months? No

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): 09/01/2004
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: No or low participation by non-HUD funded providers, Inadequate bed coverage for AHAR participation
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

Unfortunately, WCICCC struggles with the low participation by non-HUD funded providers, which ultimately affects the AHAR participation. There are three main factors that prevent increased participation. First, the vast geographic space the rural continuum covers makes it extremely hard for service providers to see the benefits of one HMIS. The second barrier is lack of financial resources. The third barrier is a majority of the service providers that are small and don't see a need for a sophisticated system.

In an attempt to overcome the low participation barrier, three of the steering committee members plan on setting up meetings to discuss the benefits of the HMIS with the non-HUD funded providers over the next year. Besides the one-on-one organization meetings, this issue will be discussed in full continuum meetings also. The group will also explore ways to finance an expansion of the current HMIS.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	West Central IL C...	09/19/2008

Attachment Details

Document Description: West Central IL CoC IL-519 MOU for HMIS

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name YWCA of Quincy
Street Address 1 1400 North 30th Street, Suite 6
Street Address 2
City Quincy
State Illinois
Zip Code 62301
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify

2C. Homeless Management Information System (HMIS) Contact Person

Prefix: Ms
First Name Melissa
Middle Name/Initial
Last Name Holden
Suffix
Telephone Number: 217-221-9922
(Format: 123-456-7890)
Extension
Fax Number: 217-221-9926
(Format: 123-456-7890)
E-mail Address: melissaholden@ywcaquincy.org
Confirm E-mail Address: melissaholden@ywcaquincy.org

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

Instructions:

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 each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	51-64%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Monthly

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

The continuum anticipates the addition of two homeless service providers to the HMIS this fall. One is an emergency shelter and the other is a transitional housing provider. In addition, three members of the steering committee have made a commitment to meet with non-HUD funded providers to encourage participation in the HMIS. The steering committee is also looking at ways to finance an expansion of the current HMIS.

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

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

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

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Monthly

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

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

Data quality is addressed both during data entry and throughout data maintenance. The design of the HMIS software eliminates many concerns about data quality by not allowing for null or missing values for any Universal or Program data element. Software edits require users to enter valid answers for key data fields in order to complete client intakes or updates. One data quality report shows the frequency of "don't know" and "refused to answer" responses, allowing agencies to monitor data entry proficiency. At a system administration level, daily audits are performed to ensure data integrity. Monthly audits look for duplicate client files using seven different algorithms that look for records with multiple matching identifiers. The reports are reviewed by staff and files are combined when appropriate. Participating agencies are also provided with control documents that allow for the monitoring of performance measure reports. The auditing tool allows agencies to easily validate the accuracy of report values and make corrections to client data when necessary.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

At date of physical entry into housing program unit, the case manager provides the data entry clerk with intake paperwork that is identical to HMIS New Client Intake database form. New client entry is verbally confirmed by data entry clerk. All requests for information must be completed on the paper form for entry in the HMIS system. If values or information is missing, the data entry clerk requests information from the case manager. Data is entered daily. (Smaller agencies follow similar protocols, but are required to enter paperwork on a monthly basis. The case manager is also the person performing the data entry.)

On date of physical exit, the case managers provide discharge paperwork to the data entry clerk. Exit is verbally confirmed with the case manager. Discharge paperwork is identical to the HMIS Client Exit database form. All requests for information must be completed on the paper form for entry in HMIS system. If values or information is missing, the data entry clerk requests information from the case manager. Data is entered daily. (As noted above, smaller agencies enter their information on a monthly basis and the case manager performs the data entry.)

In addition to the above protocols, the HMIS software is not designed to allow two families to be placed in the same unit or a client to be in two different housing programs at the same time. Also, monthly utilization reports are reviewed to identify potential missing exit dates. Used as an audit tool, the report identifies when shelter utilization exceeds the defined capacity of the shelter and when shelter stays are longer than normal.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Never

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

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

How often does the CoC assess compliance with HMIS Data and Technical Standards? Quarterly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Never

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

If 'Yes' indicate date of last review or update by CoC: 03/31/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Quarterly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Never
HMIS software training	Semi-annually

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/30/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	3	18	3	24
Number of Persons (adults and children)	7	45	9	61
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	25	22	121	168
Number of Persons (adults and unaccompanied youth)	25	22	121	168
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	28	40	124	192

West Central Illinois CoC			COC_REG_v10_000055	
Total Persons	32	67	130	229

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	6	11	17
* Severely Mentally Ill	7		7
* Chronic Substance Abuse	7		7
* Veterans	1		1
* Persons with HIV/AIDS	0		0
* Victims of Domestic Violence	38		38
* Unaccompanied Youth (under 18)	0		0

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

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/28/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 80%

Transitional housing providers: 88%

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

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left 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 checked="" type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The providers were e-mailed a survey prior to PIT date. The survey showed how they responded the previous year and respondents were asked for an update of the information as needed for the date listed. Providers were instructed to e-mail the survey back to the PIT coordinator. Providers not returning the survey by due date were contacted by e-mail and later by phone. The PIT coordinator reviewed the information, compared to HMIS, and made telephone calls to verify questionable data. Once discrepancies were corrected, the data was aggregated and reviewed by WCICCC.

In comparing the PIT information, a new men's emergency shelter opened. There are more persons utilizing emergency shelter services; 16 persons (2007) compared with 45 (2008). There were also fewer people in transitional housing; 132 (2007) and 59 (2008). Factors of the decrease include budget cuts reported by service providers in 2008 and some programs were transitioning clients into permanent housing.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

HMIS	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	
Provider Expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

The providers were e-mailed a survey prior to PIT date. The survey showed how they responded the previous year and they updated the information as needed for the date listed. Providers were instructed to e-mail the survey back to the PIT coordinator. Providers not returning the survey by the due date, were contacted by e-mail and later by phone for the information. The PIT coordinator reviewed the information, compared to HMIS, and made telephone calls to verify questionable data. Once discrepancies were corrected, the data was aggregated and reviewed by WCICCC.

The overall number of chronically homeless is the same. However, the number sheltered increased by two. There were fewer individuals sheltered suffering from mental illness, chronic substance abuse, and domestic violence. Factors of the decrease include budget cuts reported by service providers in 2008 and some of the programs were transitioning clients into permanent housing.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)**

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

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:

Public places count with interviews:

Service-based count:

HMIS:

Other:

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

A team of four went out after midnight to complete the counts. The actual count was done by a service provider accompanied by a person in law enforcement, a reporter, and cameraman. The team went to areas where unsheltered homeless individuals are known to congregate. Since one person did the count, duplication was minimized or nonexistent.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

Program brochures and posters are regularly distributed/displayed in places where homeless families may go. Service providers regularly work with school nurses, building principals, school-based social workers. Many homeless programs have annual fund raising campaigns that feature the reasons why the program is raising funds for homelessness. The continuum is also submitting a rapid rehousing application that will help ten families annually.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The communities in our rural continuum are small enough that the people on the streets know where resources are located. Ministerial, law enforcement, and concerned citizens also make referrals to appropriate agencies. One community has a soup kitchen that homeless persons utilize, including the chronically homeless individuals.

In examining the WCICCC's PIT counts, it appears that emergency shelter bed utilization rate was 22 percent in 2007 and increased to 48 percent in 2008. Transitional housing bed utilization rate went from 45 percent to 47 percent between 2007 and 2008. The permanent supportive housing bed utilization rate was 51 percent (2007) and increased to 70 percent in 2008. The Illinois State Board of Education (ISBE) performs counts on the number of homeless children enrolled in public education. Please note that the ISBE count uses a different methodology; for example, the homeless count is for the entire academic year and includes doubled up families. The ISBE data showed the same trends as the PIT with an increase 112 children homeless between 2007 and 2008. ISBE data showed there was 363 children homeless in 2007 and 475 children homeless in 2008. Unsheltered families decreased by ten persons between 2007 and the 2008 according to the PIT count.

The unsheltered chronically homeless during the PIT count declined by two individuals between 2007 and 2008. This decline could be the result of the new men's emergency shelter opening or change in personnel and location of another emergency shelter.

Factors that contribute to the homeless in our continuum's rural geographic area include: 1. economic decline in area; 2. lack of affordable housing; 3. substance abuse; and 4. criminal records. The declining economy is the largest factor in our area with many individuals and families finding it harder and harder to make ends meet. Unfortunately, the future doesn't look better. The annual unemployment rate was 4.5 percent for the WCICCC's region in 2007 and increased to 6.2 percent, in July 2008. Declining and blighted neighborhoods are being developed commercially or razed for newer housing developments, which is ultimately decreasing the quantity of available affordable housing stock. According to the Out of Reach 2007-2008 data available on the National Low Income Housing Coalition's web site, the estimated percent of renters unable to afford 2 bedroom FMR ranges from 34 percent to 54 percent in counties within WCICCC's service area. Criminal records and substance abuse also prevent clients from renting properties from private and public entities. Criminal records also limits or prevent clients from renting government subsidized housing. The Illinois State Police's annual uniform crime report, entitled Crime in Illinois, showed that drug crime and domestic crime increased between 2005 and 2006 for WCICCC's region, 2 percent and 10.5 percent, respectively.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Ask Salvation Army of Quincy to join steering committee and represent the chronically homeless. Host a Shelter Plus Care Informational meeting for continuum members in order to encourage an agency to apply for Samaritan Housing Initiative funds to assist the chronically homeless.	Glenda Farkas, WCICCC Chairperson
Action Step 2	Prevent homelessness by increasing aggressive case management for the seriously mentally ill.	Barb Chapin, Transitions of Western Illinois
Action Step 3	Create 6 new beds for people with developmental disabilities, which may prevent homelessness.	Barb Chapin, Transitions of Western Illinois

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	1
Numeric Achievement in 10 years	2

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Increase the amount of affordable housing available by increasing the quality of housing stock using the City of Quincy's Small Rental Program. The program works with landlords that agree to renovate rental units by bringing the unit up to code. In return, the units are rented at below market rates to income-qualified tenants.	Cathy Schluckebier, City of Quincy
Action Step 2	Prevent homelessness by increasing aggressive case management for the seriously mentally ill.	Barb Chapin, Transitions of Western Illinois
Action Step 3	Work with developer for 45 units of affordable housing in Macomb. This is a tax credit project that is approved by Illinois Housing Development Authority and the Federal Home Loan Bank.	Suzan Nash, Western Illinois Regional Council

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	63
Numeric Achievement in 12 months	72
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	75

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Collaborate with area agencies to provide more training and educational opportunities in a non-discriminatory manner. Work with area businesses to assist clients in seeking jobs that will lead to increased self-sufficiency. Develop a client service plan that assists them in reaching their goals in order to succeed. Work with the clients so that they receive the services and assistance necessary to increase self-sufficiency.	Melissa Holden, YWCA of Quincy
Action Step 2	Continue to collaboration with Quincy Housing Authority to increase Section 8 Housing Voucher availability in community.	Susan Warren, Quincy Housing Authority
Action Step 3	Increase the amount of affordable housing available by implementing a 3-year grant from the Illinois Housing Development Authority for a new Rental Housing Program. There will be 34 units located in four counties. The site-based subsidy will assist clients based on financial need.	Cheryl Esselman, Two Rivers Regional Council

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	59
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	70

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Encourage economic development to increase employment opportunities. Collaborate with area agencies to provide more training and educational opportunities in a non-discriminatory manner. Work with area businesses to assist clients in seeking jobs that will lead to increased self-sufficiency. Develop a client service plan that assists them in reaching their goals in order to succeed. Work with clients to receive the services and assistance necessary to increase self-sufficiency.	Dan Little, MCS Community Services
Action Step 2	Apply to Department of Commerce and Economic Opportunity for funds to serve the nondisabled, economically disadvantaged in vocational training center.	Barb Chapin, Transitions of Western Illinois
Action Step 3	Continue to collaborate with John Wood Community College on sending clients through the technical training programs for non-traditional students.	John Letts, VP Student Services, John Wood Community College

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	64
Numeric Achievement in 12 months	20
Numeric Achievement in 5 years	22
Numeric Achievement in 10 years	25

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Applying for Rapid Rehousing funds to assist ten families.	Melissa Holden, YWCA of Quincy
Action Step 2	Start campaign for new facility that would house single women with children that would keep families intact by allowing older boys to stay with their mother at the shelter. The facility would also be ADA-compliant, allowing disabled mothers and children to access services. Capacity would increase by approximately 40 individuals.	Barb Hicks, Madonna House
Action Step 3	Strengthening the mental health services by delivering services that prevent homelessness. Implement new grant that starts working with families, teaching parents to be effective parents and providing for childrens needs, such as stable housing.	Barb Chapin, Transitions of Western Illinois

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	21
Numeric Achievement in 12 months	21
Numeric Achievement in 5 years	31
Numeric Achievement in 10 years	36

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol:	Formal Protocol Implemented
Health Care Discharge Protocol:	Initial Discussion
Mental Health Discharge Protocol:	Initial Discussion
Corrections Discharge Protocol:	Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

In 2007 the Illinois Department of Children and Family Services (DCFS) disseminated its discharge protocol to all Continuum of Cares in the state. The protocol is attached.

The protocol enumerates four services funded by the state to prevent youth from becoming homeless upon being emancipated and/or aging out of foster care. These services are available to eligible youth from the time they turn 17½ until they are 21 years old. The services include housing advocacy, start-up grants, housing subsidies, and cash assistance. Follow-up services are provided for a minimum of three months after the client secures appropriate housing.

The local, county-level case managers carry out the protocols developed at the state level and children and youth are not discharged into McKinney-Vento funded beds.

Health Care Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

Several years ago, homeless service providers were contacted to see if patients being discharged from the health care systems were ending up in the homeless shelters and housing programs in the area. A problem was not identified and the existing protocols were deemed adequate. Therefore, the continuum will contact the following health care systems during the upcoming year, to create formal protocols that can be submitted in future applications. The health care systems involved include: McDonough District Hospital (Macomb), Blessing Hospital (Quincy), and Passavant Area Hospital (Jacksonville). Below are the informal protocols, in place.

The social work staff at local health care facilities assists homeless clients in being placed into an emergency shelter or settings other than HUD McKinney-Vento funded beds. Each individual/situation is different; therefore the assistance the client receives from the social worker varies appropriately. Staff from the local health care facilities participate in WCICCC through the local interagency council meetings.

Mental Health Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

Please note, there are no state psychiatric institutions in this jurisdiction. Several years ago, local homeless service providers were contacted to see if patients being discharged from the mental health care systems were ending up in the homeless shelters and housing programs in the area. A problem was not identified and the existing protocols were deemed adequate. Therefore, the continuum will contact the following mental health care systems during the upcoming year to create formal protocols that can be submitted in future applications. The health care systems involved include: Transitions of Western Illinois (Quincy), Bridgeway (Macomb), Mental Health Center of Central Illinois (Jacksonville). Below are the informal protocols in place.

Planning for discharge is started at initial assessment. Discharge criteria are dependent on situation/individual. Once outreach plan is in place, a discharge form is completed which includes diagnosis information, treatment, goals, current status, reason for discharge, aftercare plan, and prognosis. Clients are assisted on finding housing and are not discharged into homelessness.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Illinois Department of Corrections (IDOC) implemented its protocol in 2002. It is governed by the Illinois Administrative Code.

The protocol requires IDOC not to discharge inmates from a correctional institution into homelessness. Section 470.40 of the protocol states: "A release plan shall be developed and approved for each offender prior to release. The approved plan shall include the address where the released offender will reside and may address such things as drug or alcohol counseling or treatment, education, employment, and medical or mental health needs." The intent is to assure IDOC of a stable residence and services.

Section 470.60 states in part: "Prior to release [t]he committed person's intended residence shall be verified and approved." This is to prevent offenders from supplying false addresses to IDOC and then becoming homeless upon release.

Section 470.70 and 470.80 provide for supervision and services for released persons. These sections are designed to assure that releases are followed up by parole officers as well as contracted providers. These steps also lessen the chances that released prisoners will fall into homelessness soon after release from incarceration.

Local corrections carries out the protocols developed. Prisoners are not discharged into homelessness. McKinney-Vento funds are not used for discharge planning and implementation.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	West Central IL C...	09/25/2008
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	West Central Illi...	09/25/2008
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: West Central IL CoC IL-519 Foster Care Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: West Central Illinois CoC IL-519 Correction Discharge Policies

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

WCICCC falls under the state's consolidated plan. Examples of efforts that the state is pursuing that are consistent with WCICCC's goals include: facilitate development of supportive housing for households with special needs, eliminate/remove barriers to affordable housing, efforts to address obstacles to meeting underserved needs, anti-poverty strategies, work with public housing authorities, and discharge coordination policies.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? No

If yes, briefly list a few of the goals included in the 10-year plan(s):

Not applicable, only one entity is developing a 10-year plan.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	0	Beds	0	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	73	%	63	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	63	%
Increase percentage of homeless persons employed at exit to at least 18%	19	%	67	%
Ensure that the CoC has a functional HMIS system	52	%	49	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	19	0
2007	17	0
2008	17	0

Indicate the number of new PH beds in place 0 and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	8
b. Number of participants who did not leave the project(s)	11
c. Number of participants who exited after staying 6 months or longer	7
d. Number of participants who did not exit after staying 6 months or longer	5
e. Number of participants who did not leave and were enrolled for 5 months or less	6
TOTAL PH (%)	63
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	16
b. Number of participants who moved to PH	10
TOTAL TH (%)	63

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 24

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	0	0 %
SSDI	1	4 %
Social Security	0	0 %
General Public Assistance	0	0 %
TANF	1	4 %
SCHIP	3	13 %
Veterans Benefits	0	0 %
Employment Income	16	67 %
Unemployment Benefits	0	0 %
Veterans Health Care	0	0 %
Medicaid	14	58 %
Food Stamps	18	75 %
Other (Please specify below)	4	17 %
child support		
No Financial Resources	0	0 %

The percentage values are automatically calculated by the system when you click the "save" button.

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 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 service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; 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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

APRs are analyzed on an annual basis during the completion of the HUD CoC grant application cycle. The enrollment forms used in the application are duplicated into a spreadsheet that allows steering committee members to see how the continuum responded overall and to break out information by provider by year.

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.

2007 Meetings: Sept. 13, Oct. 11, and Nov. 8

2008 Meetings: Jan. 10, Feb. 14, March 13, April 10, May 8, July 7, Aug. 28, and Sept. 10

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. Annually

Does the CoC uses HMIS to screen for benefit eligibility? No

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

Has the CoC participated in SOAR training? No

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

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%
<p>Homeless client is surveyed regarding current benefits received. Any gaps in accessing public entitlement programs are identified. Client is educated on applicable benefit programs to which he/she is entitled, if eligible. Case manager provides list with agency addresses, agency contact information, and list of required forms necessary for application completion. Client or case manager requests appointment with appropriate agency. Case manager may provide transportation to agency and advocacy and assistance throughout the application process. Client signs Consent for Release of Information authorizing case manager to discuss client with public entitlement agency for follow-up verification, continued advocacy, and coordination of client service plan.</p>	
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:	0%
not applicable	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
<p>All clients sign Consent for Release of Information forms authorizing the case manager to contact various services and agencies for follow-up and service plan coordination. All income (cash and voucher) is reviewed weekly and all benefits program notification forms are kept in client case file for verification and review. All benefits received are reviewed monthly for accuracy to ensure maximum utilization.</p>	

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	No
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	No
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	Yes
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	Yes
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	No
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	No
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	Yes

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	Yes
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however 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 rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Morgan County Tra...	2008-10-01 16:10:...	1 Year	County of Morgan ...	101,250	Renewal Project	SHP	TH	F3
WIRC Transitiona l...	2008-09-17 14:46:...	1 Year	Western Illinois ...	54,907	Renewal Project	SHP	TH	F4
YWCA of Quincy Pe...	2008-10-09 09:50:...	1 Year	YWCA of Quincy	327,899	Renewal Project	SHP	PH	F1
YWCA of Quincy Tr...	2008-10-10 18:00:...	1 Year	YWCA of Quincy	136,814	Renewal Project	SHP	TH	F2
YWCA Quincy Rapid...	2008-10-10 18:01:...	3 Years	YWCA of Quincy	110,364	New Project	SHP	TH	R5

Budget Summary

FPRN	\$620,870
Rapid Re-Housing	\$110,364
Samaritan Housing	\$0
SPC Renewal	\$0
Rejected	\$0