

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

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

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

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

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

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

**1A-1. CoC Name and Number:** IL-519 - West Central Illinois CoC

**1A-2. Collaborative Applicant Name:** YWCA of Quincy

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** YWCA of Quincy

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	No
Substance Abuse Service Organizations	Yes	No
Affordable Housing Developer(s)	No	No
Disability Service Organizations	Yes	No
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Not Applicable	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Four United Ways	Yes	Yes
Veteran Affairs and other non-VA veteran programs	Yes	No
SSVF	Yes	Yes

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

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

Our CoC strengthened its collaboration with the four United Ways that represented the various needs/gaps in each of their communities. By engaging the United Way we were able to engage numerous additional service providers and advocates that each partners with to address the needs of their unique communities. A Community Advisory Board was formed with law enforcement, housing providers, local government, mental health and substance abuse providers to address the need for housing/wrap around services to address the problem in lieu of prison time for first-time offenders. Another new initiative to solicit opinions was the CoC’s collaboration with the Veteran Referral Service which is a group of VA and non-VA providers that address the housing and services needs of veterans. As part of the CoC’s street outreach and Point in Time count process, volunteers engage with homeless persons to solicit opinions about needs/gaps.

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

Each council member is encouraged and expected to seek out new members. At the end of each CoC meeting members are reminded to invite other entities or persons to participate. The Collaborative Applicant (CA) in particular is expected to network and seek out members from under-represented geographical areas or specific interest groups. This is primarily done by the CA traveling to the various United Way meetings and Interagency Council meetings in the 11- county CoC region throughout the year. However, the CA has the responsibility of bi-annually updating a directory of service providers in the CoC and making sure they are included in all emails from the CoC.

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

April 27 the link to the FY2017 CoC Program Competition: Funding Availability was posted to the CoC’s website (wciccc.com). June 5 the ranking tool for new

applications were posted to the website with an Invitation for Comment. July 7 an email was sent to the CoC membership announcing the FY 2017 NOFA was posted to the website. The email summarized the program types, offered assistance, and advised an August 15 deadline. July 13 CoC meeting the NOFA was announced again and an invitation for new applications was extended. July 14 the NOFA along with the bonus amounts were posted to the website. July 18 notice that the CoC/Project Applications were available in esnaps was posted to the website. The August 15 deadline passed without new applications. The Collaborative Applicant reached out to DV Service Providers and the Salvation Army that covers most of the counties in the CoC to consider applying for RRH funds; each declined.

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

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

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

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

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

Illinois DHS is the recipient of the ESG Program. DHS requires the CoC submit an application that is reviewed prior to sub-recipients are allowed access to the project application. The CoC application submitted includes reporting data and

strategies to address system performance measures. The CoC submits funding recommendations to DHS that address the needs identified by the CoC. IL-519 lies entirely within the Illinois Housing Development Authority's Consolidated Plan jurisdiction. Western Illinois Regional Council an active member of our CoC participated in the Con Plan process and provided PIT and HIC information. IHDA participates in monthly conference calls with CoC representatives where a free exchange of information and opinions is encouraged. HUD's CPD rep who oversees ESG also participates in these calls. Submission of SPM, PIT and HIC are coordinated through these calls.

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

The coordinated entry process allows survivors of DV to present at victim service providers (VSP) or non-VSP. Households entering thru non-VSP are administered an assessment called the Emergency Response Screening (ERS) which gives them the option of being referred to a VSP. The ERS is administered in a private location. If the client wants to go to the VSP, a warm handoff is given, and the client is provided transportation. If the household enters shelter at the NVSP, a VI-SPDAT is done to prioritize the household for additional services that addresses their needs. For households entering thru the VSP, an ERS & VI-SPDAT are conducted. Advocates work with the client to help identify housing options based on availability and safety. Housing and service options are always client-centered. Client confidentiality is observed at all times, client consent is required to share information with providers, and no victim is identified within our HMIS.

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

The CoC policies require all CE staff to be trained in best practices to provide trauma-informed and culturally-relevant services. Topics of training will include: Coping as a DV responder; dynamics of interpersonal violence; privacy, confidentiality and safety planning; administering VI-SPDAT. Also adopted was a policy requiring all HUD-assisted providers to adhere to VAWA. The CoC's 3 DV certified providers participated in the workgroup that developed our CoC's CE process. One chaired the CE workgroup. Two hold a position on the Research and Evaluation workgroup to provide data about DV to assist with needs/gaps analysis for funding recommendations. CE policies ensure for a safe/confidential location for assessments; providing immediate referrals; and data collection via InfoNet or HMIS. InfoNet/HMIS reports are utilized to identify emerging trends and target funding resources where most needed.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Quincy Housing Authority	0.00%	No
Pike County Housing Authority	0.00%	No
McDonough County Housing Authority	0.00%	No
Warren County Housing Authority	0.00%	No
Morgan County Housing Authority	0.00%	No

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

Two PHAs actively participate in the CoC. The largest PHA is a voting member of the council and serves on the Research and Evaluation workgroup. Each year we ask PHA’s if they would consider revising policy for a homeless admission preference. Their position is it conflicts with their current admission policy. Our strategy with PHA’s is to focus on moving participants from PSH projects to housing vouchers or public housing. Participants who have been successful in PSH are much more likely to maintain sustainable housing than homeless persons moving directly from shelter to PHA housing. Moving successful PSH participants onto PHA projects makes vacancy in PSH projects that allows the CoC to assist the most high-risk with the intensive services they need to be successful.

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)**

The CoC addresses the needs of LGBT individuals and their families experiencing homelessness by ensuring all agencies comply with the Equal

Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Rule. The Research and Evaluation Committee incorporate compliance into the HUD program evaluation/monitoring process and to ensure each funded agency has a program policy addressing equal access to housing and gender identity that meets the final Rule. The CoC revised the governance charter to require annual trainings for providers on how to effectively implement Equal Access to Housing in HUD Programs and best practices for addressing the needs of LGBT. The YWCA is a leader in advocacy for LGBT and will coordinate the training. A CoC-wide anti-discrimination policy to ensure all community programs (CoC + ESG) provide equal access to housing was adopted on 9-11-17 and is included in the governance charter.

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

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

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

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

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

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

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

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

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

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

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

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

### Instructions

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

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

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

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

### 1E-2. Severity of Needs and Vulnerabilities

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

No victim service provider has applied for funding in the CoC competition since our governing body was formed 3 years ago.

The following vulnerabilities the CoC considered for ranking projects were: low/no income, substance abuse history, criminal record, DV history, chronic homeless, veterans, youth, families with children, mental illness and HIV/AIDS. On the ranking tool projects that served the greatest number of vulnerabilities or specific populations were awarded the most points. A minimum of three vulnerabilities must have been addressed by the project for the project to receive any points for this criteria.

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

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

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

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

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

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

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

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

**Reallocation: Option 1**

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

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

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

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 08/28/2017

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

## Reallocation Supporting Documentation

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

## Attachment Details

### Document Description:

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

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

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

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

**2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** Governance Charter 27-29 and 43-44

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

**2A-3. What is the name of the HMIS software vendor?** Mediware (formerly Bowman)

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

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

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	54	24	22	73.33%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	65	0	65	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	108	0	108	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

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

**(limit 1000 characters)**

Our TH and PSH beds are at 100% and our ES beds are below 85%. At the time of submission our HIC included 8 beds not covered in our HMIS. Since submission the Research and Evaluation Committee increased HMIS funding through the ESG funding allocations to provide staff to input data for the shelter with those 8 beds. It is a faith-based shelter that receives no state or federal funding. Data collection began July 1. If this effort proves successful we should improve our ES HMIS coverage.

**2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?** 5

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).** 04/30/2017  
**(mm/dd/yyyy)**

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

### Instructions:

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

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/26/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 04/30/2017

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

**Instructions:**

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

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

There were no changes from 2016 to 2017. We utilize our HMIS and collect data from shelters that do not utilize our HMIS; particularly our DV providers.

**2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?** Yes

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

Beds Added:	9
Beds Removed:	98
Total:	-89

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

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

In this year’s PIT we did not change our methodology; however, we were successful at improving our data coverage by conducting the PIT in two counties that have previously not been included in our PIT. Through networking, growing CoC membership, and collaborations with United Ways, we were able to identify sites in those counties to conduct a site-based PIT survey. In these counties, we were not able to identify any emergency shelters but were able to use a food pantry and a soup kitchen as a survey site. Our unsheltered count remained at zero so there was no change.

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

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

Annually we hold a meeting with school liaisons from Regional Offices of Education to discuss the differences between the Dept of Education’s definition of homeless and the HUD-CoC definition of homeless. Liaisons examine their data for homeless youth for those who fit the HUD-CoC definition of homeless. Liaisons can provide a count but cannot provide identifying data on these youth.

In addition to planning with ROE we contact law enforcement in each community to survey them on the problem of homeless youth, where youth may be located for a PIT count, and safety concerns. Sites identified are staffed for the PIT Count. Our CoC has a RHY program and they are an active member of the CoC to provide input in planning. No homeless youth were engaged as none were identified.

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

**(limit 1000 characters)**

Our CoC has many shelters that accommodate families and they either enter data in our HMIS or provide us with data outside of HMIS (particularly our DV providers). This allows us a sheltered count that identifies CH, families with children and Veterans. Prior to the count we worked with the Veterans Referral Initiative Work Group that consists of staff from the VA, SSVF Program, Wounded Warriors Project, IDES's veteran specialist, Goodwill's Vetlink. The Work Group was made aware of the PIT date and the HUD-CoC homeless definition and was provided the survey to administer to any homeless vets that presented on the PIT date. Our survey is designed to identify household composition, CH and Veteran status early in the process.

## **3A. Continuum of Care (CoC) System Performance**

### **Instructions**

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

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

The number of first-time homeless decreased 179 for non-PH (metric 5.1) and decreased 164 for all entries (5.2). The VI-SPDAT tracks the risk factors of persons seeking assistance. Our local United Way (UW) conducts community needs assessment that is shared with the CoC. A CE committee compiles this information and uses it when making recommendations for funding projects and targeting subpopulations. The strategy includes 1) a diversion/prevention assessment during CE used to reduce entries into the homeless system; 2) building on the strengths of the individual such as employment and support systems; and 3) assisting with local and mainstream benefits/services. Prevention resources in our CoC include rental assistance; a formal HP program that focuses on everyday life skills; utility assistance; UW unmet needs committees; various faith-based assistance; and a Veteran referral service. The Research and Evaluation Committee oversees the strategy.

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

The number of persons served in ES/SH decreased 136 and with TH decreased 166. Length of time homeless (LTH) rose 4 for ES and 5 for TH. However, both were below the CoC goal of 90 days. CoC's strategy includes: (1) Our Coordinated Entry (CE) process expedites placements into PSH. HMIS tracks LTH and the VI-SPDAT asks length of time homeless which is one criterion

used to prioritize for PSH. (2) All CoC-funded TH were reallocated to PSH prioritizing CH and longest length of time homeless. (3) Adopting low barriers to entry and housing first approach. (4) Dispersing PSH to areas in CoC experiencing gaps. (5) Analyze data used to generate SPM #1 to compile demographics of person with high LTH. (6) The ESG ranking awarded recipients points for ES stays less than 90 days. The Research and Evaluation Committee oversees the strategy.

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

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

Successful exits from non PH at 42% decreased 6% and exits from PH at 98% increased 6% which reaffirms the CoC’s funding recommendations for PSH. Strategies for PSH are 1) continue housing first approach; 2) assess and develop service plans with participants; 3) provide intensive in-home case management and supportive services to address needs; 4) provide advocacy to avoid eviction/termination from PSH; 5) assist in developing participant’s assets such as employment, benefits, family support, education etc. to ensure successful exits from PSH. Strategy for non-PH are essentially the same however, more tailored to short-term stays. Additional strategy for non-PH is 6) allocate more ESG funding for RRH which was awarded after our HIC was submitted. Many non-PH providers lack resources that a PSH has and since stays are short-term, building participants’ assets is limited. The Research and Evaluation Committee oversees the strategy.

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

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

Exits from PSH demonstrated the best results for returns to homelessness (RTH) of 0%, 4%, 3% and 7% within 2 years. Exits from ES were 6%, 14%, 7% and 27% within 2 years. Exits from TH were 13%, 4%, 11% and 28% within 2 years. To identify RTH we utilize our HMIS. If a person presents at our CE site their HMIS history can be accessed. The strategy to reduce RTH is 1) increasing services available to residents during ES stays and after exit including case management; education; linkage to employment services and mainstream services; and life skills-based coaching. 2) Diversion/prevention at the CE site to identify immediate alternatives or connecting them with services and financial assistance to retain or return to housing. The strategy to reduce RTH includes the two mentioned and the five mentioned in 3A-3. The Research

and Evaluation Committee oversees the strategy.

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

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

Strategies to increase access to employment and mainstream benefits include 1) Providers utilize a consolidated application process for multiple benefits that can be accessed in ways to meet participant's abilities that focus on food assistance, Medicaid, TANF cash benefits and TANF childcare assistance; 2) Require HUD-funded programs to train staff on SOAR. 3) Train CE staff to refer to Veteran Referral Initiative or VA directly; 4) Link participants to employment assistance programs: local workforce development, Illinois Dept of Employment Security, IllinoisworkNet, Vetlink, Re-Entry Employment Service Program to assist those with criminal histories and DHS Division of rehabilitation Services. 5) Refer participants to local life-skills-based mentoring programs. The Research and Evaluation Committee oversees the strategy.

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

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

Our CoC is comprised of 11 rural counties so in an effort to identify areas for the PIT count, law enforcement throughout the CoC were contacted to help determine geographic areas that have unsheltered homeless persons. All areas where homeless persons were reported as known to congregate, come for assistance, food or sleep were canvassed. We did not purposely exclude any geographic area that reported having homeless persons from the unsheltered count.

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.** 05/31/2017  
**(mm/dd/yyyy)**

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

### Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	0	40	40

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

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	40
<b>Total</b>	<b>40</b>

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

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

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

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

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

To rapidly rehouse HH w/ children CE staff are trained on the family VI-SPDAT that must be given in the first 72 hours after presenting at a CE site to ensure quick referral to projects that best meets HH needs. We use our HMIS to track HHs. Based on our PIT and a study of demographics we determined families with DV are the most common shelter stays. In response we increased ESG RRH funding to DV providers to address HHs who cannot be successfully diverted. This was done post-HIC submission. HUD-funded projects are required to use a housing-first approach with low barriers to expedite entries into projects. Length of time homeless is a priority considered for all RRH and PSH. Families with moderate barriers and the ability to sustain themselves eventually without subsidy are linked to RRH. Those with multiple barriers and disabling conditions are linked to PSH. Research and Evaluation Committee oversee the strategy.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	0	0	0

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

Our non-discrimination policy that states: HUD-assisted programs and services are required to include in their written policies and procedures language that the program cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. Housing and supportive services must be made available to all otherwise

eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. Page 21 of Charter. HUD-assisted programs are required to publicly post the Notice on Equal Access Rights at their facility. Collaborative Applicant review Code of Conduct and non-discrimination policy of HUD-assisted programs and conducts on-site monitoring compliance. Coordinated Entry policies and procedures include the non-discrimination policy and guide staff on appropriate action.

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

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

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

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

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

The CoC has not yet developed a strategy to address youth experiencing homelessness as our PIT and collaborations with youth organizations do not indicate that our CoC has any youth who meet the HUD definition of homelessness outside the Department of Education’s definition of homelessness. The CoC will continue to analyze data and collaborate with parties most likely to encounter homeless youth and develop strategies when

evidence proves there is a gap/need. In addition to reviewing our PIT process to more aggressively count homeless youth, we have added to our Research and Evaluation committee an agency that operates the Comprehensive Community-Based Youth Services Program that operates a mobile crisis team to intervene in family lock-out situations and an agency that provides foster care services so we can address strategies for youth aging out of foster care. We also have a RHY provider in our CoC membership.

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

HUD-funded programs adhere to the local Educational Assurance Policy included in our Governance Charter which requires housing provider staff: Identify homeless families and inform them of their children's educational rights; Consider the educational needs of children when families are placed in emergency or transitional shelter and, to the maximum extent practicable, place families with children as close to possible to their school of origin; Establish policies and practices that are consistent with and do not restrict the exercise of homeless students' educational rights; and Designating a staff person to ensure that homeless children are enrolled in school and connected to services within the community. The CoC has Collaboration Documentation with ROEs in our jurisdiction and a ROE homeless liaison has a voting position on our CoC.

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start	Yes	
Early Head Start		
Child Care and Development Fund		
Federal Home Visiting Program		
Healthy Start		
Public Pre-K	Yes	
Birth to 3	Yes	
Tribal Home Visiting Program		
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive**

**Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).  
(limit 1000 characters)**

Our CoC only has one SSVF program that only serves two of our 11 counties. We have no HUD-VASH or GPD. Few Veterans are identified in unsheltered PIT or sheltered HMIS reviews. Our PSH projects do prioritize Veterans. The challenge to serve Veterans is that the VA definition and HUD definition of homeless conflict and PSH are limited on Veterans they can serve. To address this conflict, the CoC's approach has been to form a Veteran Referral Initiative; a network of VA and non-VA funded programs that serve regardless of VA eligibility. The VRI consists of Collaborative Applicant, Chair of Research and Evaluation for CoC; VA reps; Wounded Warrior; 2 x 4s For Hope; Veteran Specialist from Illinois Dept of Employment Services; SSVF rep and a housing developer who rehabs homes for veterans. We believe the work of this initiative directly affects our low PIT count of Veterans.

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

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

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

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

**Instructions:**

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

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

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

**4A-1a. Mainstream Benefits**

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

All HUD-funded projects are required to offer case management (CM) as part of services. CMs are required to participate in SOAR training every two years to assist with SSI SSDI applications. The State of Illinois DHS has an online process to apply for multiple benefits that include Foodlink, Medicaid, and TANF cash assistance. CMs offer assistance and devices so clients can access the applications. Other resources include food pantries, General Assistance, Unmet Needs and other faith-based assistance. Projects have MOUs with the administrator of TANF childcare and case managers are provided resources from them to assist families. To keep program staff up to date providers attend Interagency Council meetings that are attended by mainstream providers and local providers. These meetings allow all providers to share updates. Staff attend trainings offered by DHS that provide updates. The Collaborative

Applicant oversees the strategy for mainstream benefits.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	6.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	6.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	6.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	6.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

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

The CoC does not offer outreach in 100% of our jurisdiction. With limited resources, we focus outreach on the major metropolitan areas where the PIT finds the most sheltered and unsheltered persons. Our CoC began a street outreach initiative July 1, 2017 by reallocating ESG funding to support the efforts. Historically our CoC's PIT has very few unsheltered homeless. Because the PIT is conducted in January when weather conditions are not favorable, we started conducting a site-based PIT at local soup kitchens and food pantries. The results remain low although we are advised by local law enforcement that unsheltered homeless persons do exist at times. The new street outreach is the first step toward determining the needs/gaps.

**4A-5. Affirmative Outreach**  
**Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.**  
**Describe: (1) the specific strategies that have been implemented that**

**affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)**

Our Charter incorporates the language of the Fair Housing Equal Opportunity and requires HUD-funded programs to include the language in their written policies and procedures. Our CoC falls under the jurisdiction of Illinois Housing Development Authority and all project applications are submitted to IHDA for certification of consistency with the Consolidated Plan. Projects are required by the CoC (per Governance Charter) to provide program participants with information on rights and remedies available under federal, state and local fair housing and civil rights laws. Projects are required to provide participants access to LEP brochures from the HUD translated materials website [https://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp/17lep#FHEO](https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/17lep#FHEO). All HUD-funded projects are required to have an LEP plan. The Collaborative Applicant oversees the strategy and monitors programs for compliance.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	0	0	0

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

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

## 4B. Attachments

**Instructions:**

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

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

## **Attachment Details**

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## Submission Summary

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

Page	Last Updated
<b>1A. Identification</b>	08/24/2017
<b>1B. Engagement</b>	09/08/2017
<b>1C. Coordination</b>	09/16/2017
<b>1D. Discharge Planning</b>	09/11/2017
<b>1E. Project Review</b>	Please Complete
<b>1F. Reallocation Supporting Documentation</b>	No Input Required
<b>2A. HMIS Implementation</b>	09/20/2017
<b>2B. PIT Count</b>	09/20/2017
<b>2C. Sheltered Data - Methods</b>	09/18/2017
<b>3A. System Performance</b>	09/20/2017
<b>3B. Performance and Strategic Planning</b>	Please Complete

<b>4A. Mainstream Benefits and Additional Policies</b>	Please Complete
<b>4B. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required