

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MN-500 - Minneapolis/Hennepin County CoC

1A-2. Collaborative Applicant Name: Hennepin County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
other health care providers	Yes	Yes	Yes
foundations	Yes	Yes	Yes
homeless prevention assistance providers and shelter providers	Yes	No	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC holds an annual community meeting to inform members of efforts to end homelessness and solicit feedback on unmet needs and emerging trends. The annual meeting is attended by over 200 people representing over 50 community organizations. Survey results inform programming. Working groups of the CoC focus on specific populations of singles, youth & families. The working groups represent dozens of agencies, set strategic plans & coordinate services across the CoC. An eg. of an effort to solicit ideas was a summit hosted by the CoC on developing extremely affordable housing. Architects, developers, funders, & policy makers brainstormed ways to build housing that is affordable to low income families but financially feasible. Another example is a standing committee on homeless single adults that is redesigning the single adult shelter system with a focus on moving people from shelter into housing. That working group includes shelter managers and county staff with shelter contracts.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Avenues for Homeless Youth	Yes	Yes	No
Catholic Charities of St. Paul and Minneapolis	Yes	Yes	No
The Bridge for Youth	Yes	Yes	No
YouthLink	Yes	Yes	No
The Link	No	Yes	No
Movefwdmn	No	Yes	No
Lutheran Social Services	No	Yes	No
Simpson Housing Services	No	Yes	No
Oasis for Youth	No	Yes	No
YMCA Greater Twin Cities	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Tubman Family Alliance	Yes	No
Cornerstone Advocacy Service	Yes	No
Asian Women United	No	No
Mission Inc Home Free Shelter	No	No
Sojourner	No	No
Domestic Abuse Project	No	No
Phyllis Wheatley Community Center	No	No
Oasis of Love	No	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The CoC solicits proposals for new projects annually through a Request for Proposals (RFP) process. The RFP is communicated throughout the CoC & 7 county metro area. The RFP is posted on Hennepin County (HC)'s public website and subscribers receive notification through govdelivers. The entire CoC & all housing providers receive this information through an email from the HC Office to End Homelessness. Providers can get questions answered at the RFP public meeting or by email. Q&A's are compiled and posted on HC's public website. All eligible organizations are encouraged to submit pre-applications, including those that have not previously received this funding. The CoC issued 2 RFPs in 2016 for new PSH for adults only households, and PH RRH for singles. The CoC's McKinney-Vento Housing/Funding Committee reviewed the resulting proposals and selected new projects to submit applications on esnaps.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	6
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	6
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	6
How many of the Con Plan jurisdictions are also ESG recipients?	3
How many ESG recipients did the CoC participate with to make ESG funding decisions?	3
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	3

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

The CoC participates actively with all Con Plan jurisdictions in the CoC. The CoC is staffed by the CoC Coordinator in the Office to End Homelessness (OEH). The director of OEH liaises with the City of Minneapolis and meets with city staff & leadership twice per month for 1-2 hours. The CoC's lead agency is Hennepin County, which works with 5 suburban jurisdictions through a Suburban Hennepin Consortium Con Plan and ESG funding, through its Community Works (CW) Department. CoC staff meet with CW staff 18 times per year, for 1.5-2 hours, for coordination & collaboration. CW staff also meet with the suburban Con Plan jurisdictions 2-3 times per year, for 1.5-2 hours. Recently, when developing the 5-year Con Plans, the CoC met with Minneapolis and Hennepin CW staff 3 times for a total of 10 hours. The CoC meets monthly with the State of MN and all CoC Coordinators for 2 hours.

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

The CoC advises, leads and staffs efforts to allocate ESG funds, to develop appropriate performance standards & outcome evaluation, and to develop & implement related Coordinated Entry and HMIS priorities, protocols, procedures & management. The CoC has developed similar performance standards and outcomes that are implemented in all ESG funding jurisdictions. CoC staff regularly meet with the City of Minneapolis about ESG funding priorities and decisions, including providing PIT data and RRH performance standards. The State of MN consults with the CoC about their ESG funding, including input on who is funded in the CoC and the development of performance standards. The CoC and the Hennepin County Consortium work very closely on funding priorities, selecting sub-recipients, developing performance standards, and evaluating outcomes. Hennepin County contracts with sub-recipients & monitors their performance at least annually.

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

If a survivor of domestic violence presents at our family shelter, the first response is to see if there is an opening in a domestic violence shelter. If an opening doesn't exist at the time, the family is entered into an emergency

shelter room and repeated attempts are made to ensure that the survivor accesses domestic violence shelter when there is an opening. Survivors may always choose to stay in another shelter. Providers working with survivors of domestic violence are expected to complete safety plans with the survivor to ensure their safety & security. Survivors staying in domestic violence shelters are prioritized for housing opportunities available through domestic violence service providers.

Families staying in domestic violence shelter have opportunities within our mainstream housing programs through our CES. Clients are asked their housing preferences during their CES Next Step Assessment. These preferences are taken into account when making all housing referrals.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Minneapolis Public Housing Authority	0.00%	Yes-HCV
Housing Authority of St. Louis Park	0.00%	No
Metropolitan Council HRA	0.00%	No
Bloomington HRA	0.00%	No
Plymouth HRA	0.00%	Yes-HCV

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

1) Long-term Homeless (LTH) Supportive Housing with MN's Group Residential Housing (GRH) is the largest. This GRH program has created over 2000 opportunities in the past 10 years, with over 25 providers. Most are scattered site & use a housing first approach. 2) MN Housing Trust Fund provides housing opportunities for people experiencing LTH, homelessness, or at risk of homelessness. 3) 134 transitional housing opportunities supported by our Adult Mental Health Initiative are available to adults with SMI & prioritizes those who are homeless. 4) Hennepin County's Affordable Housing Initiative Fund provides funding for new housing. Preference is for projects that prioritize County Human Service clients, especially those experiencing homelessness. 5)

MN's LTH Supportive Services Fund provides 332 housing opportunities for all populations experiencing homelessness. Preference for HH with greatest barriers to sustaining independent housing.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

Foster Care:	<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-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

not applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

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

The CoC has had CE since 1996 when Hennepin established a right to shelter. This is a coordinated system of prevention, shelter entry, assessment, & referrals to housing, tied to TANF & county services. Family CE (including parenting youth) uses the VI-SPDAT. Housing referrals are based on the family's eligibility, needs & assessment. In Jan 2016 Housing Referral Coordinators for both families and singles were hired to manage referrals based on CoC priorities and acuity of need. The Adult(including non-parenting youth) system assesses people at shelters, drop in centers, and through street outreach using the VI-SPDAT. The CE system is advertised through 211, county and agency outreach staff, libraries, homeless drop-in centers, & shelters. The CoC is opening a Single Point of Entry location in downtown Minneapolis to assist single adults in entering the most appropriate shelter and then get assessed and assigned a housing case worker if their VI-SPDAT score warrants.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	38
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	35
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

The CoC commits to serving chronically homeless individuals and families. The CoC uses the VI-SPDAT to prioritize people for PSH and RRH. CH are first prioritized. If no CH are currently waiting housing, the most vulnerable non-CH families and individuals are served next. We prioritize programs that are Housing First for funding. Data from our system also identifies other high priority populations, including young parents, repeat shelter users, and those who are unsheltered.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The CoC published the competition on its website, including the RFP release date, the ranking, and final decision of the CoC funding committee. An email was sent out to 1000+ community members about the competition and final decision.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the

09/07/2016

CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/29/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

The CoC's Funding Committee reviews information from APRs, project's questionnaire answers, CES, HIC & PIT to monitor & evaluate CoC-funded projects on these criteria: need for project, housing 1st & low barrier, cost effectiveness, accessing of mainstream benefits, increased income for adults, bed utilization rates, participant eligibility, HMIS data quality, housing stability, exits to permanent housing, fund drawn-down rates using eloccs screen shots, & full utilization of awarded funds. Measurable criteria, metrics, & a scoring tool are used to monitor & evaluate projects. The evaluation tool was revised after the NOFA was released. Project capacity to meet program requirements is regularly assessed, based on their performance on these criteria & feedback given & ways to improve discussed. Monitoring occurs at least annually & more as needed. On-site visits occur on a rotating 3-year cycle or more; Information is got on trends & challenges & ways that CoC can assist projects.

1G-2. Did the Collaborative Applicant include Yes
accurately completed and appropriately
signed form HUD-2991(s) for all project
applications submitted on the CoC Priority
Listing?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. 1-4

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software Service Point

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$206,141
ESG	\$1,500
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$207,641

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
----------------	---------

City	\$0
County	\$0
State	\$31,675
State and Local - Total Amount	\$31,675

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$64,076
Other - Total Amount	\$64,076

2B-2.6 Total Budget for Operating Year	\$303,392
---	------------------

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 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 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,927	168	1,447	82.26%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	1,367	66	1,173	90.16%
Rapid Re-Housing (RRH) beds	1,072	0	1,047	97.67%
Permanent Supportive Housing (PSH) beds	6,093	58	3,569	59.14%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

Hennepin County is working with our single adult shelter providers to ensure that all providers participate in HMIS by 2017. It is essential for our CES for singles to work properly and we have a commitment from all shelters to participate fully by Fall 2016. There is one large transitional housing provider that refuses to participate in HMIS. We continue to work with that provider in hopes they will change their mind. We anticipate change in leadership at the top soon and that may allow us an entre into their organization for further dialogue.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	4%	3%
3.2 Social Security Number	5%	14%
3.3 Date of birth	8%	0%
3.4 Race	10%	1%
3.5 Ethnicity	10%	1%
3.6 Gender	8%	0%
3.7 Veteran status	4%	0%
3.8 Disabling condition	6%	1%
3.9 Residence prior to project entry	6%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	80%	1%
3.15 Relationship to Head of Household	23%	0%
3.16 Client Location	3%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	16%	0%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
------	--------------------------

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

7

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

Quarterly

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

Both Project and CoC

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

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

not applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/28/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

The CoC, in cooperation with the state-wide HMIS administrator, utilized PIT reports of those ES & TH providers fully participating in HMIS. The CoC, with the assistance of the state's Department of Human Services (DHS), conducted

a provider-level survey of all other ES & TH providers in the CoC, which included questions for all elements in the PIT submission. The raw data from both sources were reviewed and adjusted, as needed, in consultation with the HMIS administrator, DHS staff, & the providers. The CoC chose this methodology because it has been used & refined over many years & assures full coverage for the sheltered count, including programs not participating in HMIS.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

We conducted interviews with shelter guests to determine if they met the new HUD definition of chronic homelessness. Because our CoC did not have data sharing between providers at the time, we were unsure whether HMIS could accurately determine CH status for shelter guests.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

not applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

The CoC "shelter efficiency" committee reviewed the 2015 PIT sub populations and conducted training with staff on 2016 PIT calculations for the new HUD definition of chronic homelessness. In the past, staff estimated the percent chronically homeless, and it varied between 0-100%. In 2016, we felt like we got reasonable estimates from each shelter.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

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

The CoC uses the same methodology for conducting quarterly unsheltered counts in Hennepin County, including the annual PIT count for HUD for many years. The CoC's outreach team, St. Stephen's Street Outreach, employs well-trained staff & volunteers to conduct counts & interviews at known locations and at service-based locations the day after. Also, as part of this strategy, outreach & CoC staff use social mapping techniques & interview questions to identify others sleeping at those and other locations. The service-based locations include emergency service providers, hospitals, schools, libraries, & public transit operations, to name just some. The CoC has developed and chosen this methodology because it has proven effective and relatively accurate over many years of quarterly use and refinement.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

not applicable

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

not applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

not applicable

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3,215	3,056	-159
Emergency Shelter Total	1,733	1,657	-76
Safe Haven Total	0	0	0
Transitional Housing Total	1,359	1,229	-130
Total Sheltered Count	3,092	2,886	-206
Total Unsheltered Count	123	170	47

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	12,639
Emergency Shelter Total	11,493
Safe Haven Total	0
Transitional Housing Total	1,435

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

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

(limit 1000 characters)

Risk factors for first-time homelessness identified through research include very low income, foster care experience, childhood homelessness experience, and use of TANF. Our eligibility tool developed based on shelter data, closely matches those provided homeless prevention interventions with those most likely to access ES. This way the CoC more effectively targets both mainstream resources (EA & EGA) & homeless prevention programs to prevent 1st-time homelessness. Many people at imminent risk of homelessness are identified by emergency service providers (ESP) & food shelves, many of which also provide homeless prevention services. County Human Services has regional centers co-located with 4 ESP's facilitating easier access to mainstream emergency resources & homeless prevention assistance. Human Services staff also visit outlying ESP's to process applications for mainstream resources. Family CES facilitates resources and referrals to divert families from ES & homelessness.

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

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

(limit 1000 characters)

Families are screened after 3 days in shelter with the VI-SPDAT. Those scoring in the PSH range are matched with available housing opportunities. Those scoring in the RRH range are provided with a RRH case manager. Families with 30 days or more in shelter are targeted for additional services for added employment & housing search supports. Single adults are targeted for a VI-SPDAT assessment at 30 days. Considerable research on the driving forces behind longer stays for individuals & families has been done. Half the single adults leave shelter within a month. Those remaining are matched with appropriate housing resources, depending on whether they score in the PSH range or RRH range.

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

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

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

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	1,748
Of the persons in the Universe above, how many of those exited to permanent destinations?	1,271
% Successful Exits	72.71%

3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	2,102
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	1,937
% Successful Retentions/Exits	92.15%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

For family homelessness, we launched the Stable Families Initiative, targeting repeat shelter users with outreach/prevention to previous shelter users and a more intensive response to repeat shelter users with longer rent subsidies, intensive case management, enhanced employment services and parent support services. Our single adult shelter will be redesigned in Fall 2016 to share data across shelters and identify those who repeat shelter, at risk of becoming chronically homeless. Single adults will be given the VI-SPDAT and those who score in PSH or RRH will be offered those services.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

Families entering shelter are offered enhanced employment services, including families moving into HUD-funded PSH. The shelter redesign for single adults will offer benefit application at shelter entry and targeted services for those deemed eligible for SSI.

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

(limit 1000 characters)

100% of CoC funded projects access mainstream employment services. All families entering shelter are assisted in applying for TANF, FS, and health insurance. All singles entering shelter will receive assistance applying for public benefits at the Single Point of Entry (SPOE), beginning in October 2016. The family shelter also offers enhanced employment services and arranges job fairs for families in shelter. All families entering shelter are set up with a housing plan that always includes income enhancement. Some of these elements will be mimicked in the single system once the SPOE opens in October 2016

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

(limit 1000 characters)

No areas were excluded from the unsheltered PIT count. Several agencies in our CoC conduct street outreach and they coordinate their geographic coverage and specific populations (especially youth) for outreach throughout the year. The agencies coordinate the PIT count and visit known camps and known drop-in centers, most of which are located in the central city. But outlying areas, particularly transit hubs, are known spots for unsheltered individuals and those are surveyed along with other suburban locations such as food shelves. The outreach teams conduct VI-SPDAT assessments on unsheltered persons and coordinate with CES to move people directly from the streets into housing. The majority of our unsheltered population is CH and eligible for PSH.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?

(limit 1000 characters)

No areas were excluded from the unsheltered PIT count.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/15/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

not applicable

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	637	390	-247
Sheltered Count of chronically homeless persons	572	332	-240
Unsheltered Count of chronically homeless persons	65	58	-7

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)**

We saw a decrease in chronically homeless in the last year. We believe this is due in part to better training of shelter staff, a change in chronic homelessness calculation, and our targeted in-reach into shelter to identify chronically homeless individuals and prioritize them for PSH. Staff are assessing individuals with the VI-SPDAT and prioritizing chronically homeless individuals for housing.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	2,079	345	-1,734

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

In the past, we counted beds funded by state Group Residential Housing funds to be part of our PSH bed inventory. While most of the people in those beds are chronically homeless, program rules for GRH have changed and the beds are no longer specifically only for chronically homeless individuals.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. p 24

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

We have implemented CES for both singles and families with highest priority given to CH individuals and families. We rarely have a CH family enter our system and they are housed immediately. Our CH dedicated beds for families are usually filled with the highest need families who don't meet the definition of CH. For singles, all of our HUD funded PSH are now dedicated to CH singles. Our CES system is assessing all long-term shelter users and unsheltered individuals with the VI-SPDAT and moving those who are CH into housing as quickly as units become available.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
VI-SPDAT	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

families are assessed using the VI-SPDAT within 3 days of shelter entry and placed on appropriate housing lists. RRH providers are expected to complete intake within 7 days of the referral and meet with families weekly. Families also meet weekly with the HC shelter team to discuss their case plan and steps towards PH. Providers are expected to follow a Housing First approach and focus solely on housing. Shelter team staff also emphasize employment as a way to affordable housing. RRH providers are evaluated on how quickly they move families from shelter to PH.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	744	915	171

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

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	473	412	-61

Sheltered Count of homeless households with children:	472	412	-60
Unsheltered Count of homeless households with children:	1	0	-1

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

the CoC had a decline in homeless families with children between 2015 and 2016. We focused our attention on repeat shelter users with the Stable Families Initiative (SFI). SFI focused on prevention for previous shelter users and a more intensive intervention to repeat shelter users when they came back to shelter. We are prioritizing families with high Vi-SPDAT scores for PSH and RRH families are assigned case mgrs. immediately. Shelter staff run reports weekly of families in shelter more than 30 days and target those families for more intensive assistance getting out of shelter.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

N/A:	<input type="checkbox"/>
------	--------------------------

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
Vi-TAE-SPDAT	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	209	182	-27

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

Hennepin CoC saw a reduction in all unsheltered individuals in 2015 and 2016. Several CoC outreach teams focus specifically on youth who are unsheltered and move to quickly house them. the youth homeless system has developed a website and app that allows youth and community members to connect to services and view shelter bed availability in real time. It also notifies youth when a bed becomes available. We also accommodate youth in our single adult

shelter system and many youth find shelter there. Our community participated in a focused youth count in 2013 and again recently participated in the Voices of Youth County survey, bringing more attention to the issue of homeless unaccompanied youth.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$6,382,698.00	\$6,854,529.00	\$471,831.00
CoC Program funding for youth homelessness dedicated projects:	\$1,450,939.00	\$1,527,946.00	\$77,007.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$4,931,759.00	\$5,326,583.00	\$394,824.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	24
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	12
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	24

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

Education liaisons are members of 3 CoC subcommittees - Funding Cmtee, Homeless Assistance and Prevention Cmtee, and Family Service Network. These committees meet monthly. CoC members attend HHM Liaison meetings when invited. Youth homeless housing providers, including RHY providers, attend monthly FHPAP and annual CoC meeting. The CoC sponsored research on the surge in family shelter use in summer, specifying the growth in school aged children in shelter in the summer. The result is a prevention program working directly with schools with high numbers of HHM students.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are

**required to follow.
(limit 2000 characters)**

When a family enters shelter, they are connected with the Mpls HHM liaison within 24 hours. This liaison coordinates school attendance throughout the county to ensure that children receive transportation to their original school. Parents with children have access to ongoing education through TANF. The CoC scores projects based on educational opportunities made available to program participants. Our youth prevention providers do outreach to high schools that have a high number of HHM students. Suburban ESG providers participate on school-community meetings and provide information to non-profits and school members about homeless services.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

Our CoC does not have written agreements with programs serving infants, toddlers or young children. Our focus is to connect housing case managers to mainstream early childhood services funded through existing resources. These include home visiting, early childhood assessment and health tracking. Our housing providers also connect families to the public school's early childhood screening resources and our McKinney-Vento sponsored Homeless and Highly Mobile liaisons assist in referrals as well. In addition, our CoC funds several initiatives that serve young mothers and their children. An example is a young family rapid rehousing program that is funded through the stat's Family Homelessness Prevention and Assistance Program. Early childhood specialists provide home visiting that utilizes the Parents as Teachers Curriculum with parents with young children, and assess early childhood development using the Ages and Stages-Social Emotional Questionnaire.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	127	137	10
Sheltered count of homeless veterans:	123	126	3
Unsheltered count of homeless veterans:	4	11	7

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Through active outreach activities supported by VA and its SSVF-grantees; outreach by the Minnesota Department of Veterans Affairs including its Homeless Veteran Registry and access to services and housing options through the toll-free LinkVet hotline (888-LinkVet); routine use of SQUARES to confirm Veteran status among shelter guests for Minneapolis' largest shelters; and community-wide efforts to identify Veterans contacting any point of service and coordinated entry, we believe the primary reason for this slight increase pertains to improved identification of Veterans and significant continued influx of Veterans newly identified and/or experiencing homelessness. During the same period (Jan 2015 - Jan 2016), our collective effort housed 242 Veterans in Hennepin County.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

Hennepin CoC has a veterans registry maintained by the MN Dept of Veterans Affairs. All veterans identified through street outreach or in shelter are asked to join the registry. We use Squares to identify veteran status of all entrants into our shelters. The vet registry meets biweekly to develop housing plans for our veterans. Anyone eligible for HUD-VASH or SSVF is referred. We also explore non veteran-funded housing opportunities for our veterans to take into account their preferences.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	201	127	-36.82%
Unsheltered Count of homeless veterans:	23	11	-52.17%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

We are planning to jump start our efforts in Hennepin County again with a renewed Keys for Heroes incentive in partnership with the City of Minneapolis and the State of Minnesota. We do not believe we need more technical assistance at this time. We believe we are on the right path, but need to redouble our efforts.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	42
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	42
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Health Care for the Homeless (HCH) is a Federally Qualified Health Care Center funded through the federal Health Services Administration (HRSA). HCH has clinic locations in 9 shelters and drop in centers in the County. In 2013, HCH received HRSA Outreach and Enrollment funds to hire a 1.0 FTE Case Management Assistant (CMA) and a 0.4 FTE Human Services Representative (HSR). The CMA does direct outreach and education and assists individuals in applications for health care benefits. The HSR processes the applications submitted by HCH patients and troubleshoots complex eligibility cases. These

two roles are very effective in assisting people in accessing benefits. Almost all of the applications for benefits result in successful enrollment in benefits. Q1 2016: 376 application assists where provided; 121 application were completed; 113 applications made it through to enrollment.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	42
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	34
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	81%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	42
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	34
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	81%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input type="checkbox"/>
--------------------------------	--------------------------

Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	2,262	1,072	-1,190

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

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

(limit 1000 characters)

not applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

not applicable

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

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

not applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

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

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
CoC Governance	08/17/2016	5
Coordinated Entry	04/18/2016	5

4C. 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	letter to Vinland...	09/06/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC project quest...	09/06/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes	CoC request for p...	09/06/2016
06. CoC's Governance Charter	Yes	CoC Governance Ch...	09/06/2016
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	CoC renewal criteria	09/06/2016
15. Other	No	CoC Site visit gu...	09/06/2016

Attachment Details

Document Description: letter to Vinland regarding failure to apply

Attachment Details

Document Description:

Attachment Details

Document Description: CoC project questionnaire

Attachment Details

Document Description:

Attachment Details

Document Description: CoC request for pre-application

Attachment Details

Document Description: CoC Governance Charter

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: CoC renewal criteria

Attachment Details

Document Description: CoC Site visit guidelines

Submission Summary

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

Page	Last Updated
1A. Identification	08/31/2016
1B. CoC Engagement	09/06/2016
1C. Coordination	09/06/2016
FY2016 CoC Application	Page 60
	09/06/2016

1D. CoC Discharge Planning	08/19/2016
1E. Coordinated Assessment	09/06/2016
1F. Project Review	09/06/2016
1G. Addressing Project Capacity	09/06/2016
2A. HMIS Implementation	08/23/2016
2B. HMIS Funding Sources	09/06/2016
2C. HMIS Beds	09/06/2016
2D. HMIS Data Quality	09/06/2016
2E. Sheltered PIT	09/06/2016
2F. Sheltered Data - Methods	08/19/2016
2G. Sheltered Data - Quality	08/19/2016
2H. Unsheltered PIT	08/23/2016
2I. Unsheltered Data - Methods	08/19/2016
2J. Unsheltered Data - Quality	08/19/2016
3A. System Performance	08/31/2016
3B. Objective 1	08/31/2016
3B. Objective 2	09/06/2016
3B. Objective 3	09/06/2016
4A. Benefits	08/23/2016
4B. Additional Policies	09/02/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required



Hennepin County Human Services and Public Health Department

**Hennepin County McKinney Vento CoC
Housing Homeless Initiatives**
Hennepin County Government Center
300 South Sixth Street, MC 637
Minneapolis, Minnesota 55487

Tel: 612-223-3694
Fax: 612-321-3755

www.hennepin.us

August 25, 2016

Mary Roehl
Vinland Center Supportive Housing
PO Box 308
Loretto, MN 55357

Dear Ms. Roehl,

The Hennepin County Continuum of Care McKinney Vento Funding Committee has met to consider applications for renewal funding for FY2016. Since your program, Living Works Ventures Crystal Lodge, did not submit a proposal, we cannot support continued funding for your program. The funding for your program will be reallocated to other proposals.

We wish you the best as you continue this work and as you pursue other funding.

Sincerely,

A handwritten signature in blue ink that reads 'Lisa Thornquist'.

Lisa Thornquist,
Interim McKinney Vento CoC Coordinator

Cc: Mikkel Beckmen, Director of the Office to End Homelessness, CoC Executive Committee

McKinney Vento CoC Coordinator

HENNEPIN COUNTY

**Minneapolis/Hennepin County Continuum of Care
Housing and Homeless Initiatives**

REQUEST FOR PRE-APPLICATIONS

**Rapid rehousing for adults only households (singles 18+ years of age) and
Support Services Only project for COORDINATED ENTRY System**

Release Date: July 14, 2016

Proposal Due Date: 3:00 p.m. on August 8, 2016

TABLE OF CONTENTS

- 1. Introduction**
 - 1.1 Introduction
 - 1.2 Questions and clarifications
- 2. Instruction to Proposers**
 - 2.1 General Rules
 - 2.2 Estimated Timeline and Extension of Time
 - 2.3 Proposal Submission
 - 2.4 Inquiries and Communication Restrictions
 - 2.5 Addenda
 - 2.6 County's Right to Withdraw, Cancel, Suspend or Modify RFP
 - 2.7 Proposer's Right to Withdraw or Modify RFP
 - 2.8 Proposals Will Not Be Returned
 - 2.9 Public Disclosure of Proposal Documents
 - 2.10 Proposer's Costs
 - 2.11 Collusion
 - 2.12 Conflict of Interest
- 3. Scope of Services (Attachment 1)**
- 4. Contents of Proposal (Attachment 2)**
- 5. Evaluation and Selection**
 - 5.1 Proposal Evaluation and Recommendation for Selection
 - 5.2 Evaluation of Responsiveness
 - 5.3 Evaluation Panel and Evaluation Criteria
 - 5.4 Email follow-up
 - 5.5 Execution of Contract
- 6. Attachments**
 - 6.1 Attachment 1 – Scope of Services
 - 6.2 Attachment 2 – Proposal Format and Content

Request for Pre-Applications

1. Introduction

1.1 Introduction

The County of Hennepin, State of Minnesota (“County”), MN-500 Continuum of Care Collaborative applicant, is soliciting pre-application proposals for **new Rapid rehousing services for adults only (18+) households and a Support Services Only (SSO) project for ASSESSORS FOR the Coordinated Entry System (CES)**. This solicitation welcomes proposals from current recipients of HUD Continuum of Care (CoC) funding, and agencies that do not receive CoC funding.

- ▶ For the Scope of Services see Attachment 1.
- ▶ For Proposal Format and Content see Attachment 2.

1.2 Questions and clarifications

No pre-proposal conference will be held. Applicants should submit any questions or requests for clarification to Timothy Hastings Timothy.Hastings@hennepin.us by July 22, 2016. Responses will be posted on the county website by July 27, 2016.

2. Instruction to Proposers

2.1 General Rules

Funding for these projects will come from the US Department of Housing and Urban Development’s (HUD) 2016 McKinney Vento Continuum of Care (CoC) for the Homeless Program, as amended under the HEARTH Act and the CoC Program Interim Rule. The NOFA has indicated that \$584,448 may be available for new projects. This amount will be confirmed by HUD after August 5th.

Support Services Only (SSO) projects for coordinated entry may only be funded with reallocated funds. CoC does not know what that funding amount will be at present.

This pre-application process is to review and establish eligibility to apply for funding made available when the 2016 Notice of Funding Availability (NOFA) is released. It is not to be construed as an official and customary request for bids, but as a means by which the County can facilitate the acquisition of information related to homeless services that can be funded with CoC homeless funding. Any proposal submitted as provided herein constitutes a suggestion to negotiate and **NOT A BID**.

2.2 Estimated Timeline and Extension of Time

Date	Milestone
July 14, 2016	Release of RFP
July 22, 2016	Questions due to Tim Hastings
July 27, 2016	Questions and answers posted to Internet
August 8, 2016	Final date for receiving proposals, 3:00 p.m.
August 11, 2016	Selected projects will be invited to apply on esnaps
Summer 2017	Estimated start date of contract(s) (with HUD)

These dates are subject to revision or cancellation by the County in its sole and absolute discretion.

2.1 Proposal Submission

Each Proposer must submit one (1) electronic copy of the proposal either via USB drive or email. The County must receive proposals no later than 3:00 p.m. on August 8, 2016. Email submissions should be sent to

timothy.hastings@hennepin.us.

Submissions sent via USB should be mailed or delivered to:

Tim Hastings
Hennepin County HSPHD contract management
A-1006 Government Center, MC 106
300 South 6th Street
Minneapolis, MN 55487

Failure to submit a proposal on time may be grounds for rejection of the proposal; however, the County reserves the right, in its sole and absolute discretion, to accept proposals after the time and date specified. The County is not responsible for delays caused by the U.S. Postal Service or any other carrier or delivery service.

2.2 Inquiries and Communication Restrictions

Inquiries concerning this RFP should be submitted in writing via e-mail to following:

timothy.hastings@hennepin.us

Proposers may not have communications, verbal or otherwise, concerning this RFP with any personnel or boards from Hennepin County or relevant

consultant(s), other than the persons listed in this section. This restriction may be suspended or removed by the authority and direction of the persons listed above. If any Proposer attempts or completes any unauthorized communication, Hennepin County may, in its sole and absolute discretion, reject the Proposer's proposal.

2.3 Addenda

The County reserves the right to modify the RFP at any time prior to the proposal due date. If the RFP is modified, addenda to the RFP will be provided to all Proposers known to have received a copy of the RFP. It is the responsibility of each prospective Proposer to assure receipt of all addenda.

The County will modify the RFP only by formal written addenda. Proposer's proposal should be based on the specifications herein and any formal written addenda from the County, not oral or other interpretations or clarifications, including those occurring at pre-Proposal meetings, site visits, etc.

2.4 County's Right to Withdraw, Cancel, Suspend and/or Modify RFP

The County reserves the right to withdraw, cancel, suspend, and/or modify this RFP for any reason and at any time with no liability to any prospective Proposer for any costs or expenses incurred in connection with the RFP or otherwise.

2.5 Proposer's Right to Withdraw or Modify Proposal

A proposal may be withdrawn on written request of the Proposer prior to the proposal due date. Prior to the proposal due date, changes may be made, provided the change is submitted in writing and signed by an officer or authorized representative of the Proposer. No modification, unless in writing, will be accepted.

2.6 Proposals Will Not Be Returned

Upon submission, proposals will not be returned.

2.7 Public Disclosure of Proposal Documents

Under Minnesota law, proposals are private and nonpublic until the proposals are opened on the proposal due date. Once the proposals are opened, the name of the Proposer becomes public. All other data in the proposal is private or nonpublic data until completion of the evaluation process. The evaluation process is completed when the County enters into a contract with a Proposer. At that time, all remaining data submitted by all Proposers is public with the exception of data exempted under Minn. Stat. Section 13.37 of the Minnesota Government Data Practices Act.

If the Proposer believes non-public data is included in its proposal, Proposer shall clearly identify the data and cite the Minnesota Government Data Practices Act exemption(s). However, the Proposer agrees, as a condition of submitting a proposal, the County will not be liable or accountable for any loss or damage which may result from a breach of confidentiality, as may be related to the proposal. Pricing, fees, and costs are public data.

The Proposer agrees to indemnify and hold the County, its officials, agents, and employees harmless from all claims arising out of, resulting from, or in any manner attributable to any violation of any provision of the Minnesota Government Data Practices Act, including legal fees and disbursements paid or incurred to enforce this provision.

2.8 Proposer's Costs

The County shall not be responsible for any costs incurred by Proposer in connection with this RFP. Proposer shall bear all costs associated with proposal preparation, submission, and attendance at presentation interviews, or any other activity associated with this RFP or otherwise.

2.9 Collusion

If the County determines that collusion has occurred among Proposers, none of the Proposals of the participants in such collusion shall be considered. The County's determination shall be final.

2.10 Conflict of Interest

The Proposer affirms that, to the best of its knowledge, its proposal does not present a conflict of interest with any party or entity, which may be affected by the terms of a contract resulting from this RFP. The Proposer agrees that, should any conflict or potential conflict of interest become known, it will immediately notify the County of the conflict or potential conflict, and will advise the County whether it will or will not resign from the other engagement or representation. Further, the County may make reasonable efforts to avoid, mitigate, or neutralize an organizational conflict of interest by a Proposer in all competitive procurements. To avoid an organizational conflict of interest by a Proposer, the County may utilize methods including disqualifying a Proposer from eligibility for a contract award or canceling the contract if the conflict is discovered after a contract has been issued. To mitigate or neutralize an organizational conflict of interest by a Proposer, the County may use methods such as revising the scope of work to be conducted, allowing Proposers to propose the exclusion of task areas that create a conflict, or providing information to all Proposers to assure that all facts are known to all Proposers. The County may, at its sole and absolute discretion, waive any conflict of interest.

3. Scope of Services (Attachment 1)

The Scope of Services is included as Attachment 1 and is hereby incorporated by reference.

4. Proposal Format and Content (Attachment 2)

Proposal format and content requirements are included as Attachment 2 and are hereby incorporated by reference. Applicants must follow the format and content requirements as included.

5. Evaluation and Selection

5.1 Proposal Evaluation and Recommendation for Selection

The RFP does not commit the County to award a contract. Submission of a proposal as provided herein shall neither obligate nor entitle a Proposer to enter into a contract with the County. The County, reserves the following rights, to be exercised in the County's sole and absolute discretion: 1) to determine whether any aspect of a proposal satisfactorily meets the criteria established in this RFP; 2) to seek clarification or additional information from any Proposer(s); 3) to negotiate, sequentially or simultaneously, pricing and/or terms with any Proposer(s) or contractor(s) that did not submit a proposal; 4) to reject any or all proposals with or without cause; 5) to waive any irregularities or informalities in a proposal; 6) to cancel and/or amend by addenda this RFP, in part or entirely; and 6) to award multiple contracts to Proposers and/or contractors that did not submit a proposal.

Evaluation of proposals by a selection committee, evaluation panel, County staff, a technical advisory committee, or by another group, individual or entity is advisory only. The County Board or its designee may consider or reject such evaluation(s) for any or all proposals. Such evaluations are for the sole benefit of the County Board or its designee, and as such, they are not binding upon the County, nor may they be relied upon in any way by a Proposer.

5.2 Evaluation of Responsiveness

The County will consider all the material submitted by the Proposer to determine whether the Proposer's offer is in compliance with the terms and conditions set forth in this RFP. Responses that do not comply with the provisions in this RFP may be considered nonresponsive and may be rejected.

5.3 Evaluation Panel and Evaluation Criteria

After review of each responsive proposal, the County may immediately award a

contract to a successful Proposer based on the evaluation criteria, or it may establish a short list of Proposers for further consideration. The short list of Proposers may be asked to provide additional information and/or attend an in-person or telephone interview and/or demonstration, as determined by the County in its sole discretion.

Evaluation factors shall include the following in order of importance:

1. The **quality** of the proposal including, without limitation:
 - its completeness in addressing the requirements of this RFP and Scope of Services;
 - demonstrated grasp of the work required for this project

2. The **qualifications** of the Proposer and/or Proposer's staff including, without limitation:
 - general qualifications;
 - specialized qualifications and professional competence in areas directly related to this RFP; and
 - successful completion of similar projects.

3. The **experience** of the Proposer and/or Proposer's staff on similar projects with the county or with others including, without limitation, any references provided by the Proposer for itself and/or individual staff members.

Cost per client served will be approximately equal in importance to a combination of all other factors shown. The Continuum of Care will consider the trade-off between proposal cost per client and the other evaluation factors in determining the proposals which are most advantageous to the County.

5.4 Email follow up

The County reserves the right to request additional information from Proposers during any phase of the proposal evaluation process.

5.5 Execution of Contract

Contracts are signed between the project and HUD. The Continuum of Care reviews applications and invites projects to apply for funding when the NOFA is released. HUD makes final funding determination.

Attachments

Attachment 1 – Scope of Services

Attachment 2 – Proposal Format and Content

Attachment 1: Scope of service

1. Background

Annually, HUD releases a Notice of Funding Availability (NOFA) for homeless programs that sets priorities for new projects. The Minneapolis/Hennepin Continuum of Care (CoC) also reallocates funding from existing projects if services provided by a project are no longer needed or if a project chooses to reduce the amount of funding it requires. HUD encourages CoC's to review projects annually and reallocate funding to new projects whenever reallocations would reduce homelessness. The CoC solicits pre-applications to be reviewed by the CoC Funding Committee to establish eligibility to apply for funding in 2016. CoC Program Competition is administered under the CoC Program interim rule (24 CFR part 578).

(Information about last year's NOFA is available at <https://www.hudexchange.info/e-snaps/fy-2015-coc-program-nofa-coc-program-competition/> and information for new projects applications is available at <https://www.hudexchange.info/resource/2909/coc-project-application-instructions-for-new-projects/>)

No funding will be awarded based on this proposal, but this process is a prerequisite for eligibility to apply for funds. Only applicants that submitted a proposal subject to this solicitation and later received notification from the CoC funding committee requesting submission of a full application, will be eligible to submit a full application to HUD.

2. Target population

RAPID REHOUSING FOR ADULTS ONLY HOUSEHOLDS

On any given night close to a 1000 single adults experience homelessness and are in emergency shelters, places not meant for human habitation, or unsheltered in Hennepin County. African Americans and American Indians are overrepresented in this population. This pre-application RFP is requesting proposals for Rapid Rehousing services for single adults (18+).

Drawing from years of experience and gap analysis, the CoC has determined that programs should be designed to serve as broad a population as possible. This RFP solicits proposals from projects that will serve single adults (18+). Projects may prioritize sub populations but may not establish programs dedicated to specific populations in this RFP. When the Hennepin County singles coordinated entry system is functional, all singles rapid rehousing programs funded through the 2016 NOFA must take referrals only from the coordinated entry system and follow program guidelines and standards developed by the Continuum of Care.

SUPPORT SERVICES ONLY (SSO) PROJECT FOR ASSESSORS FOR COORDINATED ENTRY SYSTEM

While it is anticipated that these assessors will work primarily with single adults, they may assist with assessing youth or families if the need arises. The assessors may be deployed to assess all single adults who enter the shelters through the single point of entry and stay for about two weeks. The assessors may be deployed to complete assessments for people who meet the HUD definition of homelessness but are not staying in shelters in Hennepin County. The assessors will be responsible for assessing single adults who are residing in domestic violence shelters and may assess young people staying in youth shelters.

3. Project description

RAPID REHOUSING FOR ADULTS ONLY HOUSEHOLDS:

Rapid re-housing is an intervention, informed by a Housing First approach that is a critical part of a community's effective homeless crisis response system. Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Housing and service options should be tailored to meet the unique needs of each individual or household presenting for services. Projects should prioritize those who are identified as most in need for of housing and services.

More information about the program is available at:

<https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf>

Information about eligible expenses for CoC funded rapid rehousing is available at:

https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

<https://www.hudexchange.info/resource/2889/rapid-rehousing-esg-vs-coc/>

The Minneapolis/Hennepin CoC is looking for innovative and highly effective Rapid Rehousing projects that are Housing First in approach, trauma informed and use progressive engagement techniques.

Services should be tailored to meet the individual needs of the household served, and at a minimum should typically include: weekly in-person contact while the household is homeless and looking for housing, weekly contact during the first 2-3 months of housing, and a tapering of the frequency of contact thereafter. Providers must complete re-evaluations at least quarterly to demonstrate the

participant's ongoing eligibility, based on continued need, lack of resources, and income. Only those who are proven to be eligible in the re-evaluation may continue to receive services.

With participant barriers such as unemployment, domestic violence and mental health needs, coupled with the low rental vacancy rates in Hennepin County, it is difficult for program participants to obtain and retain their housing. To address these barriers, providers are encouraged to submit creative and/or innovative ideas that include:

- Partnerships with employment providers
- Partnerships with mental health providers
- Partnerships with domestic violence support services

Or demonstrated in-house capacity to provide the above.

Proposals that include the above partnerships will be given preferential points.

Programs should be based on best practices, and include the most effective, evidence based, culturally competent, and individualized client models possible.

Please also refer to page 25 of the 2016 NOFA for project quality threshold for funding

<https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf>

SUPPORT SERVICES ONLY (SSO) PROJECT FOR ASSESSORS FOR COORDINATED ENTRY SYSTEM

Minneapolis/Hennepin County Continuum of Care seeks proposals to provide mobile assessment services as part of our Single Adult Coordinated Entry System. We believe that our CoC needs two mobile assessors. We hope that additional funding will be reallocated to increase the assessment capacity in future funding cycles. Agencies who propose to do this work must be willing to shift the work as the needs of the coordinated entry systems become known and change over time. The agency must be willing to take direction from Hennepin County's Housing Referral Coordinators and/or the CoC Coordinator who will be managing the ongoing planning and oversight of the Coordinated Entry Systems.

The assessors will work closely with the Housing Referral Coordinators to ensure a smooth and seamless process from initial contact to assessment to housing referral.

While it is anticipated that these assessors will work primarily with single adults, they may assist with assessing youth or families if the need arises. The assessors may be deployed to assess all single adults who enter the shelters through the single point of entry and stay for about two weeks. The assessors

may be deployed to complete assessments for people who meet the HUD definition of homelessness but are not staying in shelters in Hennepin County. The assessors will be responsible for assessing single adults who are residing in domestic violence shelters and may assess young people staying in youth shelters.

Following an initial screening of the client by an external provider, the assessors will be responsible for contacting the clients to explain the process to clients and schedule a time and location for the assessment. The next step assessment consists of the VI-SPDAT, supplemental housing preference questions, and the housing & homelessness history. The assessors will be responsible for explaining the results of the next step assessment to the client and what they can expect next in the process.

Since the assessments will be done at locations throughout Hennepin County, the assessor will use an iPad to conduct the assessments and access HMIS. The assessors will be responsible for reporting complete assessments to the Housing Referral Coordinator. The assessors may have additional contact with the client at the direction of the Housing Referral Coordinator if such contact is supportive of the client's movement into housing.

Please also refer to page 25 of the 2016 NOFA for project quality threshold for funding

<https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf>

4. Expected outcomes—Performance measures

RAPID REHOUSING FOR ADULTS ONLY HOUSEHOLDS:

Under the CoC Program Interim Rule and recent NOFA, HUD has updated the performance measures and goals for CoC communities and for CoC Program grant recipients. The Minneapolis/Hennepin County CoC Evaluation Criteria for new projects in attached.

1. Housing Stability

- Eighty percent of CoC Program participants remain in permanent housing, or exit to another permanent housing destination.

2. Jobs and Income Growth

- Fifty-four percent of CoC Program adult participants gain or increase their income from non-employment sources.
- Twenty percent of CoC Program adult participants gain or increase their income through employment.

3. Mainstream benefits

- Fifty-six percent of CoC Program participants obtain non-cash mainstream benefits.

SUPPORT SERVICES ONLY (SSO) PROJECT FOR ASSESSORS FOR COORDINATED ENTRY SYSTEM:

HUD has not established specific performance measurements for SSO projects. Proposals may submit performance measures they consider appropriate. The Hennepin County Coordinated Entry System may also establish performance measures after a proposal has been selected.

5. CoC funding

RAPID REHOUSING FOR ADULTS ONLY HOUSEHOLDS:

Applicants are invited to propose projects for funding for any of the following categories subject to the funding match requirements noted below. Additional detailed information is available on the HUD website:

<https://www.hudexchange.info/programs/coc/>

- **Rental Assistance.**
- This funding is designed to provide short-term (up to 3 months) or medium term (3-24 months) rental assistance with housing costs for homeless individuals and families.
- Tenant based rental assistance only.
- Security deposits (up to 2 months)
- First and last month's rent
- Property damage

Rental assistance can only be Tenant-based.

Per unit Rental Assistance is determined by the Twin Cities area Fair Market Rent (FMR) in effect at the time of the execution of the grant agreement with HUD, and rent reasonableness. Current 2016 FMRs are: Efficiency \$656; One Bedroom \$813

- **Supportive Services.**
- This funding allows for a wide range of supportive services that address the special needs of the program participants. More information is available at https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf
- **HMIS**
- All CoC funded projects must participate in HMIS. The following activities may be funded in this category: Equipment (servers, personal computers, printers, networking, security), software (software/user licensing, software installation, support and maintenance), service (training by third parties, hosting/technical services, programming, security assessment, internet access),

personnel (project management, data analysis, programming, technical assistance and training, and administrative support staff), and space and operations (space costs and operational costs associated with that space).

- **Project Administration.**
- This funding may be used for expenses related to the overall administration of the grant (24CFR part 578.59), such as management, coordination, monitoring, and evaluation activities and environmental review. Costs for staff and other overhead expenses directly associated with carrying out activities under the other categories are not considered administrative costs. Instead they are considered eligible costs under the applicable CoC program component.

Funding and match requirements:

- *The required 25% match over the grant period must come from a source other than HUD. Match may be cash or in-kind*

The 150% leverage over the grant period may be cash or in-kind. Leverage is the non-match cash or non-match in-kind resources committed to making a CoC Program project fully operational. This includes all resources in excess of the required 25 percent match for CoC Program funds as well as other resources that are used on costs that are ineligible in the CoC Program. Leverage funds may be used for any program related costs, even if the costs are not budgeted or not eligible in the CoC Program. Leverage may be used to support any activity within the project provided by the agency. (The CoC understands that some projects may find it difficult to demonstrate 150% leverage and will accept proposals as long as some leverage is included).

SUPPORT SERVICES ONLY (SSO) PROJECT FOR ASSESSORS FOR COORDINATED ENTRY SYSTEM:

CoC funding may be used for all staff expenses, outreach costs, reasonable equipment needed for the project such as portable computers, transportation etc.

If a service provider is unable to provide Match and Leverage funding for this project, Hennepin County coordinated entry may be able to assist.

Vendor qualifications and experience

Eligible Project Applicants. (24 CFR 578.15) Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies, as such term is defined in 24 CFR 5.100, without limitation or exclusion. For-profit entities are not eligible to apply for grants or to be sub-recipients of grant funds.

Vendors must have a board of directors, at least one of whom is homeless or a formerly homeless person.

6. Contracts

If the pre-application is selected for application, the provider will submit an application on esnaps. HUD makes the final decision and the grant contract is with HUD.

Remainder of page intentionally left blank.

Attachment 2: Proposal format and content

1. Format

Proposers must submit their response to this request by using the pre-application and budget forms that can be found in the Human Services and Public Health area of the contract opportunities page at <http://www.hennepin.us/business/work-with-henn-co/contract-opportunities>

2. Content

Proposers should use the pre-application and budget forms to share all relevant information regarding proposed projects. No other submission content is requested or required.

Remainder of page intentionally left blank.

CRITERIA REWEWALS

Renewal Projects Qualifying Requirements

Projects must meet all Qualifying Criteria to be considered for funding

Criterion	Ineligible	Eligible
Submission deadline	Project application is submitted to CoC coordinator <u>after</u> deadline	Project application is submitted to CoC coordinator by deadline
HMIS and Coordinated Entry <i>Coordinated Entry is a comprehensive initial assessment of individual/family housing and service needs, and coordinates intake into appropriate housing and services</i>	<ul style="list-style-type: none"> Project does <u>not</u> have the capacity nor an acceptable plan for participation <p style="text-align: center;"><u>Or</u></p> <ul style="list-style-type: none"> Renewal project has <u>not</u> demonstrated minimally acceptable participation in HMIS and Coordinated Entry 	<ul style="list-style-type: none"> Project has the capacity and an acceptable plan to participate fully in HMIS and Coordinated Entry <p style="text-align: center;"><u>And</u></p> <ul style="list-style-type: none"> Renewal project has demonstrated at least minimally acceptable participation in HMIS and Coordinated Entry
Organizational Capacity	<p><i>Any of the following disqualifies the provider:</i></p> <ul style="list-style-type: none"> Organization <u>does not</u> have a mission/purpose statement and bylaws that govern operations Organization <u>does not</u> have an active governing board (e.g., Board of Directors) that includes at least one member who is homeless or formerly homeless, or a formal plan to immediately recruit someone Organization <u>does not</u> have clear policies and procedures to address potential conflicts of interest for board members Organization <u>does not</u> have adequate level and expertise in staffing 	<p><i>Provider must meet <u>all</u> of the following to be eligible:</i></p> <ul style="list-style-type: none"> Organization has a mission/purpose statement and bylaws that govern operations Organization has an active governing board (e.g. Board of Directors) that includes at least one member who is homeless or formerly homeless, or a formal plan to immediately recruit someone Organization has clear policies and procedures to address potential conflicts of interest for board members Organization has adequate level and expertise in staffing.
Financial Audit	Most recent audit and management letter is <u>not</u> provided or contains significant adverse or disclosure/findings that reviewers determine should preclude applicant from inclusion in application.	Most recent annual audited financial and year-to-date financial and management letter is provided and no significant findings are identified.

Renewal Project Evaluation and Scoring

Those projects that meet the qualifying criteria are further evaluated to identify those that most closely align with the needs, goals, and funding priorities of the Minneapolis/Hennepin Continuum of Care (HC) and HUD.

	Measures	Source	Low	Mid	High
	<u>GENERAL PERFORMANCE</u>				
1	Priority Populations (2)	HC			Bonus points for projects that serve current Hennepin County (HHH) priority populations of families or youth, and PSH projects that prioritize/dedicate chronically homeless singles (on application and in practice).
2	Target Populations	HC+ HUD			<p><u>Family/Youth providers</u> As CoC –funded units become available, provider demonstrates that they have specific programs or services to meet the unique needs of youth or families with multiple barriers or multiple/sustained episodes of homelessness.</p> <p><u>Singles providers:</u> As CoC funded units become available, provider demonstrates that they have specific programs or services to meet the unique needs of people who are chronically homeless, unsheltered, seniors or veterans. Singles PSH dedicate units to chronically homeless.</p>
	<u>CLIENT OUTCOMES, FINANCIAL</u>				
3	Non-cash benefits for all participants (-1/1/2)	HUD	0-55% (HUD target=56%)	56-89% (From HUD target up to performance that many providers have been able to achieve, want to support continued good performance)	90-100% (Raising it to where a good chunk of the providers already are-so supporting them-and creating incentive for those not yet there)
4	Increase income for adults through employment (0/2/3)	HUD	0-19 (HUD target=20%)	20-24%	25-100% (At this time only a few projects are in this range, so this establishes a realistic bar/incentive.)
5	Increased income for adults through non-employment sources (0/2/3) <i>Social security, SSI or SSDI, unemployment, veteran's disability, workers comp, etc</i>	HUD	0-34% (HUD target=54%)	35-53%	54-100%

CLIENT OUTCOMES: HOUSING STABILITY					
PERMANENT HOUSING					
6	Reduced Barriers to Housing (0/1/2) HUD 2015 NOFA <i>HUD is scoring CoC's based on at least 75% of projects having lower barriers (Part 3B, Q4B in Project Applications)</i>	HUD + CES	Does not have reduced barriers according to answer to Question 4b	Has reduced barriers according to the answer to Question 4b	Does have reduced barriers, according to answer to Question 4b and incorporates best practices as informed by CE and evaluation narrative
7	Housing First (APR + (0/1/2) HUD 2015 NOFA <i>HUD is scoring CoC's based on at least 75% of projects using Housing First approach (Part 3B, Q4c in Project Application)</i>	HUD	Does not have a Housing First approach (does not move people quickly into PH and does not meet all entrance and exit criteria) according to answer to Q4c.in project application No training for staff on housing first principles	Has reduced barriers according to the answer to Part 3B Question 4c. Has training for staff on housing first principles.	Does have a Housing First approach, (does move people quickly into permanent housing and meets all entrance and exit criteria) according to answer to Q4c and incorporates best practices as informed by CE and evaluation narrative Has training for staff on housing first, trauma informed services and other best practices.
7a	Housing First (information from CES+ Questionnaire) (0/1/3) (In 2017 projects that have not fully adopted housing first practices will receive negative points).	Questionnaire + CES	Does not demonstrate full understanding/implementation of housing first principles	Basic application of housing first principles.	Demonstrates good understanding of housing first best practices and has incorporated practices that are hallmarks of high achieving housing first programs. Practices include removing barriers to program entry, adopt client-centered service methods that meet the unique needs of individual clients and ensure that program participants have access to the services that could help participants reach tenancy and stability goals.
8	Permanent housing stability (stayers + leavers to permanent destinations) (-1/1/3)	HUD	0-79% (HUD target = 80%)	80-89%	90-100%
9	PSH: chronic homeless prioritization-(1/0/1)	HUD	Does not prioritize chronically homeless populations	Prioritizes chronically homeless populations	Actively recruits CH and dedicates units to serve CH with highest barriers and has programs to ensure housing stability of CH.
TRANSITIONAL HOUSING					
10	Exits to permanent housing (-1/0/2) <i>HC 2014 Performance = 75%</i>	HUD + HC	0-64% (HUD target=65%)	65-75% (HC target=75%)	76% or more

EDUCATION REQUIREMENTS FOR PROJECTS SERVING CHILDREN					
11	K-12 Education (0/1/2)	HUD	Meets HUD requirements <ul style="list-style-type: none"> Written plan and staff in place to ensure children and youth are enrolled in and attending school, and connected to services to support their educational needs per McKinney Vento Education Law. 	Meets HUD requirements plus: <ul style="list-style-type: none"> Education plan for children and youth part of family's case plan Staff development Appropriate study space Measures in place 	Meets HUD requirements plus <ul style="list-style-type: none"> Education plan Staff development Appropriate study space Measures in place Demonstrated success
12	Early childhood development (0/1/2)	HUD	<ul style="list-style-type: none"> Meets HUD requirement: Written plan and staff in place to ensure families can access Head Start and other public early childhood education programs; facilitates participation 	Meets HUD requirements plus: <ul style="list-style-type: none"> Coordinates with providers for birth-5 screening Space for early intervention providers to serve children >3 years with developmental delays Facilitates access to family education 	Meets HUD requirements plus: <ul style="list-style-type: none"> Coordinates with providers for birth-5 screening Space for early intervention providers to serve children >3 years with developmental delays Facilitate access to family education Demonstrated success
OPERATIONAL PERFORMANCE					
13	Unit Utilization (0/1/2) <i>No HUD standards; CoC 2016 PIT average 94% ; lowest 50%; Highest 120%; this is due to programs being able to stretch their funds to fund more than their original budget/plan</i>	HC	79% or less project units	80-94% of project units	95% or more of project units
14	Funding Mgmt: % funds spent (-3/-1/1) <i>HUD and CoC places high value on projects fully utilizing their awarded grant funds.</i>	HUD + HC	Spent 89% or less of grant award	Spent 90%-97% of grant award	Spent 98% or more of grant award
15	Funding Mgmt: frequency of drawdowns (-1/0/1) <i>HUD values regular drawdowns (spending) of the grant, expecting this at least quarterly and strongly encouraging this monthly.</i>	HUD	Drawdowns occur less than quarterly	Drawdowns occur at least quarterly	Drawdowns occur monthly.
18	Grantee Responsiveness (-1/0/0) (Yes/No)		Grantee is not responsive to CoC funding committee and or CoC Coordinator	Grantee is responsive to CoC funding committee and CoC Coordinator	Grantee is responsive to CoC funding committee and CoC Coordinator
19	HMIS data quality (-1, 0, 1)		HMIS data has more than 8% errors	HMIS data has less than 3% errors	HMIS data has less than 2% errors
20	Site Visit concerns (-1, 0, 0) (Yes/No)		Funding committee has concerns after site visit	No concerns	No concerns

INFORMATION FROM COORDINATED ENTRY SYSTEM AND QUESTIONNAIRE NOT included in scoring for 2016					
16a	Coordinated Entry Outcomes for projects that participate in CES only.(all projects that serve families with children) (-1/1/2) Not included in scoring for 2016	HC	<ul style="list-style-type: none"> • Average time to contact clients is more than 7 days after referral from Housing Referral Coordinator • Not responsive to CES staff • Avg time to intake is longer than 2 weeks (from referral) 	<ul style="list-style-type: none"> • Average time to contact clients is within 7 days of referral from Housing Referral Coordinator • Responsive to CES staff. • Average time to intake is within 2 weeks (from referral) 	<ul style="list-style-type: none"> • Average time to contact clients is 5 days or less after referral from Housing Referral Coordinator • Responsive to CES staff • Average time to complete intake is within 7 days (from referral)
16b	CE housing placement outcomes (0/1/2)		<ul style="list-style-type: none"> • Average time from intake to permanent housing is more than 45 days (RRH and scattered site PSH) • Average time from intake to permanent housing is more than 35 days (site-based PSH+TH) 	<ul style="list-style-type: none"> • Average time from intake to permanent housing 30-45 days (RRH and scattered site PSH) • Average time from intake to permanent housing is 30 -35 days-(site-based PSH+TH) 	<ul style="list-style-type: none"> • Average time from intake to permanent housing is less than 30 days (RRH and scattered site PSH) • Average time from intake to permanent housing is 29 days-or less (site-based PSH+TH))
17	Outcomes for projects that do not receive referrals from CES (from questionnaire) (-1/1/2)		<ul style="list-style-type: none"> • No outreach policy • Referrals are received from few sources. • No policy for prioritization for program participation based on need. 	<ul style="list-style-type: none"> • Has an outreach policy • Referrals are received from multiple sources • Program participation is prioritized according to need 	<ul style="list-style-type: none"> • Has a well-developed outreach policy • Referral are received from multiple sources • Has an assessment tool to determine acuity of need. • Chronic homeless and highest barrier clients are prioritized