

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
PA – City and County of Lancaster	PA 510
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: Lancaster Interagency Council on Homelessness		
CoC Contact Person: Teri Miller-Landon, Council Co-Chair		
Contact Person's Organization Name: Lancaster County Mental Health/Mental Retardation		
Street Address: 1120 Frances Avenue		
City: Lancaster	State: PA	Zip: 17601
Phone Number: (717) 399-7392	Fax Number: (717) 293-7255	
Email Address: millerte@co.lancaster.pa.us		

CoC-A

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
PA-Lancaster City	423573
PA-Lancaster County	429071

Geographic Area Name	6-digit Code

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Montly or More	Quarterly	Bianually	Annually	
COC Primary Decision-Making Group (list only one group)						
Name:	<i>Lancaster County Interagency Council on Homelessness</i>	X				55
Role:	This group is the full forum in which strategies to implement a continuum are discussed, planned and approved.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	<i>Lancaster County ICH Executive Committee</i>	X				6
Role:	This committee’s role is to establish operations and agendas for the ICH, monitor the progress of each subcommittee and establish new committees as needed to meet continuum goals.					
Name:	<i>Continuum of Care and Advocacy Subcommittee</i>	X				12
Role:	This committee’s role is to implement a coordinated system identifying gaps, monitoring funded projects and overseeing the annual submission process and prioritization panels.					
Name:	<i>Mainstream Resources Subcommittee</i>	X				18
Role:	This committee’s role is to ensure access to mainstream services through coordination of service delivery, dissemination of information and addressing gaps and barriers to services.					
Name:	<i>Outreach Subcommittee</i>	X				18
Role:	This committee’s role is to develop strategies to provide services to those outside the shelter system and to conduct the counts of homeless persons in the continuum.					
Name:	<i>HMIS Subcommittee</i>		X			8
Role:	This committee’s role is to oversee the successful operation of HMIS including collection of data to assist in identification of caps and unmet needs, and to track the chronically homeless.					
Name:	<i>10 Year Plan Steering Committee</i>	X				10
Role:	This committee’s role is to complete the development of the ten year plan, including the long term goals and initial action steps, as well as monitor progress of the plan.					

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Department of Community and Economic Development Lancaster County Assistance Office	STATE OF PA		
	LOCAL GOVERNMENT AGENCIES			
	City of Lancaster County Commissioners of Lancaster Lancaster County Drug and Alcohol Commission Lancaster County Children and Youth Lancaster County Mental Health/Mental Retardation Lancaster County Planning Commission County of Lancaster Department of Veterans Affairs	LANCASTER CITY, THE COUNTY OF LANCASTER	SA Y SMI VET	
	PUBLIC HOUSING AGENCIES			
	Lancaster City Housing Authority Lancaster County Housing and Redevelopment Authorities	LANCASTER CITY, THE COUNTY OF LANCASTER		
	SCHOOL SYSTEMS / UNIVERSITIES			
	School District of Lancaster Millersville University Lancaster Theological Seminary Pennsylvania Migrant Education	LANCASTER CITY, THE COUNTY OF LANCASTER		
	LAW ENFORCEMENT / CORRECTIONS			
	Lancaster City Police Department Ephrata Borough Police Department Lancaster County Prison Lancaster County Adult Probation and Parole	LANCASTER CITY, THE COUNTY OF LANCASTER		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Lancaster County Employment Agency			
	OTHER			
	Department of Veteran Affairs	LANCASTER CITY, THE COUNTY OF LANCASTER	VET	

PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	MidPenn Legal Services			
	The Lodge, Inc.of PA		SMI	
	Tabor Community Services			
	AIDS Community Alliance Network		HIV	
	Community Action Program		DV	
	Family Services			
	Lancaster DisAbled for Change			
	TRACK			
	Urban League of Lancaster County			
	AIDS Planning Coalition for South Central PA		HIV	
	United Disabilities Services			
	Mental Health Association		SMI	
	United Way LINC	LANCASTER CITY, THE COUNTY OF LANCASTER		
	Gaudenzia/Vantage/Bair O'Malley House		SA	
	Council of Drug and Alcohol Abuse		SA	
	Keystone Human Services, INC.			
	Neighborhood Services			
	Milagro House			
	Jubilee House		SA	
	YWCA			
	Clare House			
	Red Cross			
	Crispus Attucks Community Center and Shelter			
	Bridge Housing Program		DV	
	Transitional Living Shelter			
	Lincoln House		SMI	
	FAITH-BASED ORGANIZATIONS			
	The Gathering Place		HIV	
	Bridge of Hope			
	Catholic Charities Hope House		HIV	
	Community Life Network			
	Lancaster County Council of Churches			
	Love, INC	LANCASTER CITY, THE COUNTY OF LANCASTER		
	No Longer Alone Ministries		SMI	
	Salvation Army			
	Transition to Community			
	Water Street Rescue Mission			
	BIRD Ministries			
	FUNDERS / ADVOCACY GROUPS			
	Lancaster Housing Opportunity Partnerships			
	United Way of Lancaster County			
	Lancaster Community Foundation	LANCASTER CITY, THE COUNTY OF LANCASTER		
	HomeTies			
	Lancaster County Redevelopment Authority			
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			

Chamber of Commerce Fulton Bank D.M. Stoltzfus & Sons INC. Bank of Lancaster county Issac's Deli Housing Development Corporation SpanishAmericanCivicAssociation Development			
HOSPITALS / MEDICAL REPRESENTATIVES			
Lancaster General Hospital Ephrata Area Hospital Nuestra Clinica WSRM Medical Clinic SouthEast Lancaster Health Services Welsh Mountain Medical Center VA Medical Center	LANCASTER CITY, COUNTY OF LANCASTER	SA VET	HIV
HOMELESS PERSONS			
Patrick Ziggy Deb	LANCASTER CITY, COUNTY OF LANCASTER	SA SMI	
OTHER			

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. If your Continuum has not yet complied with **any** of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.

The Lancaster Continuum of Care is in compliance with all of the above standards except for number #7. While a number of organizations are represented on the C of C, none currently take the role of being the designated entity to receive HUD funds through this funding mechanism. Each organization applying for Continuum of Care funds administers their own funding, though they are required to be active members of the Continuum. In moving forward, if HUD determines that one fiscal agent must be designated to receive all funds, the Continuum is currently in discussions with the Redevelopment Authority of Lancaster County who currently is a fiscal agent for other HUD funds including CDBG, ESG and HOME funds and may consider being the fiscal agent for these funds as well.

CoC-E

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation			
a. Newspapers	<input checked="" type="checkbox"/>	e. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters to CoC Membership	<input checked="" type="checkbox"/>	f. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	g. Announcements at Other Meetings	<input checked="" type="checkbox"/>
d. Email CoC Membership/Listserv	<input checked="" type="checkbox"/>		
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input type="checkbox"/>
b. Review CoC Monitoring Findings	<input checked="" type="checkbox"/>	k. Assess Cost Effectiveness	<input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings	<input checked="" type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants	<input checked="" type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input checked="" type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input checked="" type="checkbox"/>	q. Review Leveraging	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	e. All CoC Present Can Vote	<input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote	<input checked="" type="checkbox"/>	f. Consensus	<input checked="" type="checkbox"/>
c. CoC Membership Required to Vote	<input checked="" type="checkbox"/>	g. Abstain if conflict of interest	<input type="checkbox"/>
d. One Vote per Organization	<input type="checkbox"/>		

CoC-F

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services								
	Mo rtg age As sist an ce	Re nta As sist an ce	Uti liti es As sist an ce	Co un sel ing /A dv oc ac y	Le gal As sist an ce	Mo bile Cli nic	La w En for ce me nt	Ca se Ma n ag em ent	Li fe Sk ills	Al co ho l & Dr ug Ab use	Me nt al He alth Co un sel ing	He alth care	HI V/ AI D S	Ed uca tion	Em plo yme nt	Ch ild Ca re	Tr an sp ort ati on
AIDS Community Alliance	X	X	X				X					X					
American Red Cross of the Susquehanna Valley		X		X				X		X							
Bridge of Hope		X	X	X				X	X					X		X	X
Career LINK														X	X		
Clare House						X		X	X								
Community Action Program Child Care Information System Domestic Violence Services Employment and Training Program Head Start WIC	X	X	X	X	X	X		X	X	X	X	X		X	X	X	X
Council on Drug and Alcohol Abuse						X			X	X				X			X
Crispus Attucks Community Center				X		X		X						X	X		
Family Literacy														X			
Family Service									X	X	X	X				X	
Gathering Place		X	X			X		X				X					X
Catholic Charities								X				X	X				
Intermediate Unit 13														X			X
Keystone Services									X			X					
Lancaster City Police						X	X										
Lancaster County Assistance Office	X	X	X					X				X		X	X	X	X
Lancaster County Children and Youth								X	X							X	
Lancaster County Council of Churches			X			X						X					X
Lancaster County Drug and Alcohol								X	X								

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mo rtg age As sist an ce	Re nta As sist an ce	Uti liti es As sist anc e	Co un sel ing /A dv oc ac y	Le gal As sist an ce	Street Outreach	Mo bile Cli nic	La w En for ce men t	Ca se Man agem ent	Lif e Sk ills	Al co ho l & Dr ug Ab use	Men tal He alth Co un sel ing	He alth care	HI V/ AI DS	Ed uca tion	Em plo yme nt	Ch ild Care	Tr an sp ort ati on
Commission																		
Lancaster City Housing Authority	X	X																
Lancaster County Housing and Redevelopment Authority	X	X																
Lancaster County Mental Health/Mental Retardation				X				X	X		X	X						
Lancaster County Department of Veterans Affairs						X		X										X
Lancaster Employment and Training Agency															X	X		
Lancaster General Hospital Dental Health Network AIDS Clinic												X	X					
Lancaster Literacy Council															X			
Mental Health Association				X								X				X		
MidPenn Legal Services				X	X													
Neighborhood Services									X						X	X		
New Choices / New Options															X	X		
No Longer Alone Ministries				X				X	X		X							X
Nuestra Clinica										X		X	X					
Office of Vocational Rehabilitation (OVR)															X	X		
Penn State Extension Nutrition and Education Program									X									
Red Rose Transit Authority																		X
Salvation Army	X	X	X	X				X		X			X				X	
School District of Lancaster Homeless Student Project				X		X		X	X						X			X
South East Lancaster Health Services												X						
Spanish American Civic Association				X		X		X	X	X	X		X	X	X			X
St. Joseph Health Ministries						X												
Tabor Community Services, Inc. Housing Counseling Consumer Client Counseling Services	X	X	X	X		X		X	X	X							X	X
The Lodge, Inc. of Pennsylvania				X		X		X	X		X							X
United Disabilities Center									X	X						X		X
United Way LINC				X														
Urban League						X		X					X	X	X			

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mo rtg age As sist an ce	Re nta l As sist an ce	Uti liti es As sist anc e	Co un sel ing /A dv oc ac y	Le gal As sist an ce	Street Outreach	M ob ile Cli nic	La w En for ce ment	Ca se M an ag ement	Lif e Sk ills	Al co ho & Dr ug Ab use	M ent al He ath Co un sel ing	He alt h care	HI V/ AI D S	Ed uc ati on	E m pl oy ment	Ch ild Care	Tr an sp ort ati on
Gaundenzia		X		X					X	X							X	
Water Street Rescue Mission Clinic												X						
Wheels to Work																		X
YWCA				X						X							X	

CoC-H

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
Water St Rescue Mission	WSRM Shelter	4	40	30	423573	M			30	40	70	15	
Community Action Prog	DVSLC Shelter	F			423573	M	DV		28	7	35		
Crispus Attucks CC	CACC Shelter	1	13	7	423573	M			7	13	20		
Ephrata Area Soc Serv	EASS	N											1
Columbia Ministerium	Community Life Net	N											2
SUBTOTALS:			53	37	SUBTOT. CURRENT INVENTORY:				65	60	125	15	3
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
SUBTOTALS:					SUBTOTAL NEW INVENTORY:								
Inventory Under Development		Anticipated Occupancy Date											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:													
TOTALS:					0	65	60	125	15	3			
Unmet Need 55													
1. Total Year-Round Individual ES Beds:			60	4. Total Year-Round Family Beds:									65
2. Year-Round Individual ES Beds in HMIS:			37	5. Year-Round Family ES Beds in HMIS:									37
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			62%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.									57%

CoC-I

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
Water Street Rescue Mission	WSRM Shelter	4	80	50	423573	M			50	80	130
Tabor Community Services	TLC	1	49	20	423573	M			20	49	69
YWCA of Lancaster	Keplar Hall	2	27	33	423573	M		11	33	27	60
Milagro House, Inc.	Milagro House	4	0	37	423573	FC			37	0	37
Clare House, Inc.	Clare House	1	5	16	423573	M			16	5	21
Tabor Community Services	Jubilee House	5	1	11	423573	FC	SA	6	11	1	12
Community Action Program	Bridge Housing	F			423573	M	DV	7	28	3	31
Catholic Charities	Hope House	N			429071	SMF	AIDS		0	8	8
United Veterans	Beacon House	1	8	0	429071	SM	VET		0	8	8
Love Inc	Homes Of Hope	1	0	14	429071	FC		7	14	0	14
Salvation Army	New Beginnings	N			423573	SM	SA		0	30	30
SUBTOTALS:			170	181	SUBTOT. CURRENT INVENTORY:			31	209	211	420
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
Love Inc.	Homes of Hope	1	0	8	429071	FC		2	8		8
Milagro House, Inc	West Campus	4	0	30	423573	FC			30		30
SUBTOTALS:			0	38	SUBTOTAL NEW INVENTORY:			2	38		38
Anticipated Occupancy Date											

Inventory Under Development										
Tabor Community Services	Beth Shalom	12/06	423573	SF				5	5	
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								5		
TOTALS:						33	247	216	463	
Unmet Need 90										
1. Total Year-Round Individual TH Beds:		211	4. Total Year-Round Family Beds:					209		
2. Year-Round Individual TH Beds in HMIS:		170	5. Year-Round Family TH Beds in HMIS:					181		
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.		81%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.					87%		

CoC-I

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
Lanc City Housing Auth	Shelter + Care	5	12	10		M		4	10	12 / 4 CH	22
Lodge Inc. of PA	Lincoln House	5	8	0		SMF		0	0	8 / 3 CH	8
Bridge of Hope	Bridge of Hope	1	0	105		FC		35	105	0	105

Gaudenzia	Vantage	N	0	0		FC		4	17	0 / 0 CH	17
SUBTOTALS:			20	115	SUBTOT. CURRENT INVENTORY:			43	132	20 / 7 CH	152
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:						
Inventory Under Development		Anticipated Occupancy Date									
Lodge In. of PA	Fordney Road	May 06			SMF		0	0	15 / 0 CH	15	
Tabor Community Serv	E. King St	December 06			M		4	16	3 / 3 CH	19	
Neighborhood Serv	NS 1	May 06			SM		0	0	4 / 1 CH	4	
Neighborhood Serv	NS 2	July 07			SM		0	0	4 / 4 CH	4	
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							4	16	26 / 8 CH	42	
TOTALS:							47	148	46 / 15CH	194	
Unmet Need 159											
1. Total Year-Round Individual PH Beds:			20	4. Total Year-Round Family Beds:						132	
2. Year-Round Individual PH Beds in HMIS:			20	5. Year-Round Family PH Beds in HMIS:						115	
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)			100%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)						87%	

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

CoC-I

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

(1) Indicate date on which Housing Inventory count was completed: 01/26/2006_ (mm/dd/yyyy)	
(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u> 100 </u> %	Emergency shelter providers
<u> 100 </u> %	Transitional housing providers
<u> 100 </u> %	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	
N/A	

CoC-J

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: (01/26/2006) (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	11	82	1	94
1. Number of Persons in Families with Children:	29	211	5	245
2. Number of Single Individuals and Persons in Households without Children:	75	196	45	316
(Add Lines Numbered 1 & 2) Total Persons:	104	407	50	561
Part 2: Homeless Subpopulations				
	Sheltered		Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	40		38	78
b. Severely Mentally Ill	29		*	29
c. Chronic Substance Abuse	210		*	210
d. Veterans	42		*	42
e. Persons with HIV/AIDS	22		*	22
f. Victims of Domestic Violence	72		*	72
g. Unaccompanied Youth (Under 18)	2		*	2
<p>If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:</p> <p>Data Source: <input type="checkbox"/> Point-in-time count OR <input type="checkbox"/> Estimate</p>				
Part 3: Hurricane Katrina Evacuees	Sheltered		Unsheltered	Total
Total number of Katrina evacuees				
Of this total, enter the number of evacuees homeless prior to Katrina	N/A			

*Optional for Unsheltered

CoC-K

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	PIT <u>plus extrapolation</u> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input checked="" type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
<input type="checkbox"/>	Training – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	Other – please specify:
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – please specify:
(4) Month and Year when next count of sheltered homeless persons will occur: <u>01/2007</u>	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
<u>100</u> %	Emergency shelter providers
<u>95</u> %	Transitional housing providers
<u>100</u> %	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	Other – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input checked="" type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input checked="" type="checkbox"/>	Other – please specify: University professors
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted a training for point-in-time enumerators
<input checked="" type="checkbox"/>	HMIS – Used HMIS to check for duplicate information
<input type="checkbox"/>	Other – specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input checked="" type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur: <u>01/2007</u>	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques. CoC-L-2

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name: Lancaster County	Contact Person: Aimee Tyson
Phone 717.394.0793 ext 211	Email: atyson@lchra.com
Organization Type: State/local government <input checked="" type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other <input type="checkbox"/>	

CoC-M-1

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS

Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
City & County of Lancaster	PA 510		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
07/2002			

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	908	687
2005	916	768

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	0	0	0
Emergency Shelter	2	1	1
Transitional Housing	6	3	3
Permanent Supportive Housing	1	1	0
	TOTALS:	5	
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	01/2006		
Transitional Housing (all beds)	07/2002		
Permanent Supportive Housing (McKinney-Vento funded beds only)	07/2003		

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation: (1)With increased focus on chronically homeless, users need to enter additional documentation and information into the system which requires more training and tech assistance. Due to high turnover on the social services field, it is necessary to retrain new staff for these programs. (2) The Pennsylvania State Attorney General’s decision to prevent participation by domestic violence organizations in any HMIS reduces our rate of participation by these providers.
2. HMIS Data and Technical Standards Final Notice requirements: None

**For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application.

CoC-M-5

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided (check all that apply)	YES	NO
Basic computer training	X	<input type="checkbox"/>
HMIS software training	X	<input type="checkbox"/>
Privacy / Ethics training	X	<input type="checkbox"/>
Security Training	X	<input type="checkbox"/>
System Administrator training	X	<input type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	X	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	X	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	X	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	X	<input type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	X	<input type="checkbox"/>
Secure location?	X	<input type="checkbox"/>
Locking screen savers?	X	<input type="checkbox"/>
Virus protection with auto update?	X	<input type="checkbox"/>
Individual or network firewalls?	X	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	X	<input type="checkbox"/>
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	X	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input type="checkbox"/>	X
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	<input type="checkbox"/>	X
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	X	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input type="checkbox"/>	X
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input type="checkbox"/>	X
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	X	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	X	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	X	<input type="checkbox"/>
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	<input type="checkbox"/>	X
Uses data integration or data warehouse to generate unduplicated count?	X	<input type="checkbox"/>

CoC-M-6

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled “Lead Person,” please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
1. Create new PH beds for chronically homeless persons.	1. Open E King St (12/06) with 3 beds for chronically homeless persons 2. Expand Neighborhood Services (6/07) with 4 beds for chronically homeless persons. 3. Open Fordney Road (7/06) with 4 beds for chronically homeless persons.	11 beds	15 Beds	40 Beds	Leonard Walton; Director, Affordable Housing and Homelessness, United Way of Lanc County
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Set up measurement system including Shelter +Care, Shelter to Independent Living, SHOP and Lincoln House. Add new perm housing facilities as available.	60%	71%	71%	Kay Moshier-McDivitt; Chair, Ten Year Plan Transitional Housing Committee
3. Increase percentage of homeless persons moving from TH to PH to 61%.	1. Model Permanent Housing Plan is developed for implementation by shelters 2. 60% of TH providers will adopt the county wide outcomes of success and indicators for key program measures.	45% average for TH to PH	50% average for TH to PH	61% average for TH to PH	Kay Moshier-McDivitt; Chair, Ten Year Plan Transitional Housing Committee
4. Increase percentage of homeless persons becoming employed by 11%.	1. Develop base line employment measures for all HUD funded homeless providers. 2. Complete test employment with LETA and Lancaster County Redevelopment Authority to identify best practices for moving homeless individuals into full employment.	50% of provider meet target	75% of provider meet target	100% of provider meet target	Leonard Walton; Director, Affordable Housing and Homelessness, United Way of Lanc County
5. Ensure that the CoC has a functional HMIS system.	HMIS System in place in Lancaster City and County since 2000. Improvements planned include: 1. Hire data base administrator to improve quality of reports and remove questionable data from system 2. Modify required Data Element to HMIS data entry easier and increase participation	Hire DB Admin	Increase participation by 10%	Increase participation by 10%	Aimee Tyson; Chair, CoC HMIS Committee

Other CoC Objectives in 2006					
1. Develop a long term comprehensive strategic plan to end homelessness in the community with a focus on chronic homelessness	1. Complete the development of the ten year plan.	Plan written	Plan in prog 75% of action steps comp	Plan comp	Leonard Walton; Director, Affordable Housing and Homelessness, United Way of Lanc County
2. Increase prevention efforts to reduce the number of individuals and families entering the homeless service system	1. Reevaluate gaps in prevention resources & services 2. Reduce number of persons entering homeless system through improved discharge planning with major psychiatric facilities, local hospitals, and the local prison. 3. Provide prevention case management to households at risk of losing housing	Eval comp. 40 HH	10% reduc. 200 HH	50% reduce 400 HH	Chair, Carol McCoy Prevention subcommittee, Ten Year Plan to End Homelessness
3. Increase identification of and outreach to the chronically homeless allowing them improved access to mainstream services	1. Utilize outreach committee to develop and coordinate overall strategy 2. ID and provide services to chronically homeless through increased programming with faith based organizations	Strategy done 10 individ	 20 individ	 30 individ	Steve Brubaker, Chair, Outreach Committee, ICH

CoC-N

O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. *If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Foster Care: Children and Youth Services policy mandates that all youth in foster care are offered preparation services beginning when they reach age 16. These comprehensive services are provided by the caretakers, the assigned caseworker and the independent living program. Once the youth leaves care, he/she is eligible to participate in the aftercare program until age 21. Services include assistance locating and maintaining housing, and job search assistance.</p>				
<p>Health Care: Protocol in development</p>				
<p>Mental Health: Pennsylvania Office of Mental Health and Substance Abuse Services mandates that NO individual shall be discharged from a State Institution into any form of homelessness. As mandated, the State Hospital that covers this service area, Wernersville State Hospital, discharges individuals to permanent or transitional housing 100% of the time."</p>				
<p>Corrections: Protocol in development. Reentry management organization established in 2006.</p>				

CoC-O

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

Consolidated Plan Coordination		YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Jurisdictional 10-year Plan Coordination			
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).			
Policy Academy* Coordination		YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	X		
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Housing Agency Coordination			
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Coordination with State Education Agencies			
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC-P

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name: City and County of Lancaster						CoC #: PA 510			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) P r i o r i t y	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Lancaster County Office of Mental Health/Mental Retardation	Lancaster County MH/MR	Project North Star	1	\$629,500	3	PH			
The Lodge, Inc	The Lodge, Inc	SHOP	2	\$485,580	3		SSO		
Lancaster County Housing & Redevelopment Authority	Lancaster County HRA	HMIS	4	\$100,000	3		HMIS		
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$1,215,080					
(9) Shelter Plus Care Renewals:****						S+C Component Type**			
Lancaster City Housing Authority	Lancaster City Housing Authority	Shelter + Care	3	\$114,816	1	PH			
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$114,816					
(11) Total CoC Requested Amount:				\$1,329,896					

CoC-Q

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

**Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

Advisory Warning: According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such, the reallocated funds that had been used for renewals would no longer be available to the CoC.

1. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:				<i>Example:</i> \$530,000	\$
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter the remaining amount: <i>(In this example, the amount proposed for new PH projects is \$140,000)</i>				<i>Example:</i> \$390,000	\$
4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
<i>Ex:</i> MA01B300002	SHP	TH	\$100,000	\$60,000	\$40,000
<i>Ex:</i> MA01B400003	SHP	SSO	\$80,000	\$80,000	\$0
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2006 Competition					
(8) 2006 Project Priority Number		(9) Program Code	(10) Component	(11) Transferred Amounts	
<i>Example:</i> #5		SHP	PH	\$90,000	
<i>Example:</i> #12		S+C	TRA	\$50,000	
(12) TOTAL:					

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do *not* add any rows). Provide information *only* for contributions for which you have a *written commitment in hand at the time of application*.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
City and County of Lancaster	\$2,337,478

CoC-S

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:												
Type of Housing	All SHP Funds Requested (Current Year)		Renewal Projections									
	2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)			\$498,065						\$498,065			
Safe Havens-TH												
Permanent Housing (PH)	\$629,500				\$1,095,473		\$629,500				\$1,095,473	
Safe Havens-PH												
SSO	\$485,580		\$557,917				\$485,580		\$557,917			
HMIS	\$100,000		\$107,200				\$100,000		\$107,200			
Totals	\$1,215,080		\$1,163,182		\$1,095,473		\$1,215,080		\$1,163,182		\$1,095,473	
Shelter Plus Care (S+C) Projects:												
Number of Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections									
	2006		2007		2008		2009		2010		2011	
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
0												
1	12	\$78,336	12	\$78,336	12	\$78,336	12	\$78,336	12	\$78,336	12	\$78,336
2	2	\$16,080	2	\$16,080	2	\$16,080	2	\$16,080	2	\$16,080	2	\$16,080
3	2	\$20,400	2	\$20,400	2	\$20,400	2	\$20,400	2	\$20,400	2	\$20,400
4												
5												
Totals	16	\$114,816	16	\$114,816	16	\$114,816	16	\$114,816	16	\$114,816	16	\$114,816

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
Goal 1. Develop a long term comprehensive strategic plan to end homelessness in the community with a focus on ending chronic homelessness.	<ol style="list-style-type: none"> 1. Complete the development of the 10 year plan with a focus on chronic homelessness 2. Implement the recommendations of the Community Needs report 	<ol style="list-style-type: none"> 1. The community ten year plan will be completed in September, 2006. 2. As part of the development of the ten year plan, community wide action teams have been formed to address each of the areas of transitional housing, available units of affordable rental housing, homeless employment, and homeless prevention.
Goal 2: Increase the identification of and outreach to the chronically homeless allowing them improved access to mainstream services	<ol style="list-style-type: none"> 1. Increase identification and tracking of chronically homeless by 50% through computer modifications to current HMIS programming. 2. Identify and provide services to 10 chronically homeless persons living on the street by developing a relationship with 3 faith based organizations 3. Develop one Safe Haven serving a maximum of 10 mentally ill chronically homeless 4. Specifically target the chronically homeless persons in need of drug and alcohol treatment and provide access to treatment options for 2 additional clients. 5. Create a method for "mobile intake" through MH/MR caseworkers to reduce time required to receive needed services 6. Increase access to social security benefits by obtaining and implementing teleconferencing equipment to expedite judicial hearings 7. Coordinate with the VA to continue outreach for veterans 8. Utilize the Outreach Committee to develop and coordinate the overall strategy for providing services to the street homeless 9. Utilize the Outreach Committee to improve the process for the count of the street homeless 	<ol style="list-style-type: none"> 1. "Is Client Chronically Homeless" added as a required Data Element to HMIS. System modifications planned for early 2007 to make data entry easier and increase participation. 2. An overflow winter shelter to serve street homeless (staffed by 6 faith based organizations) was established in January 2006. Up to 35 individuals were served nightly, of which it is estimated that 13 were chronically homeless. 3. Outreach committee reviewing projects from other cities similar in size to Lancaster, will be reporting out in September, 2006 4. 2 agencies and 25 staff members received training on improved access to services. 5. MH/MR has designated a "shelter liaison" that will come to the shelters to initiate contact with homeless individuals requiring service. 6. Judicial permission has still not been received for this program. Equipment is in place. 7. Lancaster County has hired a new Director of Veteran's Affairs. VA is now an active participant in all outreach activities, participating in the annual count and in developing plans for improved street outreach. 8. Outreach Committee formed in September, 2005. Developing county wide strategy for street outreach. 9. Outreach Committee conducted a coordinated street count in January, 2006. Joint effort with main stream service providers, shelter providers and law enforcement.
Goal 3: Increase movement of chronically homeless persons through the continuum into permanent housing	<ol style="list-style-type: none"> 1. Housing First Programs will identify and move 25 chronically homeless persons from shelter system into permanent housing 	<ol style="list-style-type: none"> 1. Utilizing Tabor Community Services, (13) the Lodge, Inc. (11) and Crispus Attucks (2), 26 chronically homeless persons were moved into permanent housing.

Goal 4: Increase the number of housing options available for chronically homeless	1. Add 4 units of Supportive Housing for persons with disabilities.	1. NS House will open in May, 2006 with 4 units of Supportive Housing for persons with disabilities.
Goal 5: Increase the number of permanent housing units for the chronically homeless	1. Open Fordney Road project with 4 SRO units of permanent supportive housing for the chronically homeless mentally ill. 2. Develop a continuum of permanent choices for the disabled. 3. Set aside 75% of S+C units for chronically homeless. (12 units) 4. Open the East King Street Project with 3 beds/apartments of housing for the chronically homeless	1.. Fordney Road will open in June, 2006 with 4 SRO units of permanent support housing for the chronically homeless mentally ill. 2. MHMR application submitted for housing for 5 chronically homeless mentally ill. 3. Continuing negotiations with LCHRA to provide these set asides. 4. East King Street will open in September, 2006 with 3 beds/apartments of housing for the chronically homeless.

Other Homelessness Goals

Goal 1: Increase prevention efforts to reduce the number of individuals and families entering the homeless service system	1. Reevaluate the gaps in prevention resources and services to provide clear direction for development of programs to address these gaps. 2. Identify a lead agency to develop a respite program for homeless youth 3. Reduce the number of persons entering the homeless system by 10% through improved discharge planning with major psychiatric facilities, the local prison and local hospitals. 4. Provide prevention case management to 75 additional households at risk of losing their housing and becoming homeless 5. Offer 5 additional landlord/tenant education seminars to reduce evictions	1. Community wide prevention evaluation underway. Areas of focus include identification, assessment and intervention for at risk populations, discharge planning, and increase of school system graduation rate. 2. Several potential agencies identifies but none has yet made a permanent commitment. 3. Discharge planning team formed that includes hospitals and treatment facilities. Reentry management organization initiated by County Commissioners to address prison issue. 4. Case management provided to 75 households through Tabor Community services. 5. Seminar presentation in draft form, seminars to begin in June, 2006.
Goal 2: Increase access to mainstream and community resources	1. Increase utilization of the welfare compass application by 5% 2. Increase utilization of existing transportation for 7 homeless persons to obtain employment 3. Increase utilization of universal web based intake forms by 25% 4. Identify 3 job sectors that represent the greatest opportunity for improved employment for the homeless 5. Avoid movement of 24 people into emergency shelters by developing an interfaith hospitality network 6. Improve access to free and reduced cost pharmaceuticals. 7. Secure video conferencing for Social Security Hearings when permissible 8. Secure dental services for homeless children through Brush, Brush Smile Program 9. Refer clients with delinquent bank accounts to social service agencies for assistance with budgeting	1. Two sites identified for additional points of service for welfare compass. 2. 4 homeless individuals received bicycles through this program. 3. All participating providers now on ServicePoint answer the Universal Data Elements (UDE) required by HUD. One provider, (WSRM) utilizes an alternate system to provide similar information. 4. Local Workforce Investment Board has identified more than 20 jobs in 4 sectors. A pilot program is underway to evaluate the process developed to allow homeless individuals to move into these jobs. 5. This goal is no longer being pursued. Faith based organizations did not feel that the interfaith hospitality network was the best model for Lancaster County. 6. Through the Water Street Rescue Mission Clinic, in 2005 1,754 individuals received free prescriptions and an additional 72 were enrolled in the prescription assistance program. 7. Judicial permission has still not been received for this program. Equipment is in place. 8. Services provided at several locations for homeless children to receive services through this program. 9. The initial grant funding for this program was denied. Tabor Community Services is continuing to apply for other funding.

<p>Goal 3: Increase/maintain transitional housing options</p>	<ol style="list-style-type: none"> 1. Open six family units of scattered site transitional housing located in county sites 2. Open a faith based ministry to provide 10 units of transitional housing for those exiting the local prison to assist in transition to permanent housing. 3. Monitor and maintain existing transitional housing programs, provide assistance for continued funding 	<ol style="list-style-type: none"> 1. Love INC. opened 3 additional units of housing in 2005 and 4 units so far in 2006. 2. Beth Shalom will open at the end of 2006 and provide 5 units of housing for women leaving prison. 3. Transitional Housing team formed as part of Ten Year plan, common outcomes established to measure individuals and families moving to perm housing. United Way Women's Council allocating funding to assist women exiting transitional housing.
<p>Goal 4: Increase access to and movement into permanent housing</p>	<ol style="list-style-type: none"> 1. Increase set aside affordable permanent housing units by 5 2. Utilize inter municipality planning group to reduce regulatory barriers in the creation of affordable permanent housing 3. Reduce the average length of stay in emergency and transitional housing shelters by 5% 4. Open 4 additional family units (16 beds) permanent housing through East King Street Project for families with disabilities 5. Open 4 additional units of permanent housing for persons with disabilities 	<ol style="list-style-type: none"> 1. As part of the homeless employment project, up to 10 housing units will be funded for programs participants using federal HOME funds. 2. Lancaster County Comprehensive Plan updated to include model zoning ordinances to facilitate inclusionary housing provisions. 3. Measurement underway 4. East King St is under construction and will open in Sept, 2006 with four family units for families with disabilities. 5. Neighborhood Services will be opening four additional units of permanent housing in mid 2007.

CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	<i>Example:</i> 90	45					
2005	<i>Example:</i> 82	50					
2006	<i>Example:</i> 75	60	10	\$15,480	\$31,420	\$40,350	\$12,750
2004	227	7					
2005	210	7					
2006	78	7	0	\$	\$	\$	\$
(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).							
<p>Note: The Continuum is adding 8 additional units in the second half of 2006. These units are not included in the above chart since they were not available on January 31, 2006. An additional 5 units will be created through funding being sought in this application.</p> <p>Note: The reason for the reduction in the number of CH persons is two fold. In the past two years, the definition for chronically homeless has been more clearly defined and the Lancaster Continuum of Care revised it's procedure for applying the definition to the homeless population.</p>							

CoC-V

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	121
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	85
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	94
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	51
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	70 %
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input checked="" type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	
b.	Number of participants who moved to PH	
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
121	a. SSI	38	31.4
121	b. SSDI	26	21.5
121	c. Social Security	0	0
121	d. General Public Assistance	25	20.7
121	e. TANF	9	7.4
121	f. SCHIP	0	0
121	g. Veterans Benefits	1	.8
121	h. Employment Income	32	26.4
121	i. Unemployment Benefits	2	1.7
121	j. Veterans Health Care	3	2.5
121	k. Medicaid	54	44.6
121	l. Food Stamps	56	46.3
121	m. Other (please specify)	10	8.3
121	n. No Financial Resources	5	4.1

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
X	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
X	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
X	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
X	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
X	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
X	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
X	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
X	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
None		Total:	

CoC-Z

AA: CoC Participation in Energy Star Chart

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

Have you notified CoC members of the Energy Star initiative? Yes No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 30 %

CoC-AA

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.</p>		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

CoC-AB