
The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 190 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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)

Continuum of Care Homeless Assistance Programs - Exhibit 1

(Exhibit 1 consists of forms HUD 40076-COC-A through form HUD 40076-CoC-N, plus narrative text as specified in the instructions for each form)

Exhibit 1: Continuum of Care (Exhibit 1 consists of HUD Forms 40076-COC A through HUD 40076-CoC N, plus narrative text as specified in the instructions for each form)

2005 Application Summary

Place this page in the front of your application. This page does not count towards the page limitation.

Continuum of Care (CoC) Name: Johnson County Continuum of Care

CoC Contact Person and Organization: Linda Severson, Johnson County Council of Governments

Address: 410 E. Washington Street

Iowa City, Iowa 52240

Phone Number: (319) 356-5242 E-mail Address: linda-severson@iowa-city.org

Continuum of Care Geography

Using the Geographic Area Guide found on HUD’s website at <http://www.hud.gov/grants/index.cfm>, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Before completing, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
example: Syracuse	366376		
example: Onondaga County	369067		
Johnson County	199103		
Iowa City	192466		

Reproduce this page to include additional names and codes.

Exhibit 1: Continuum of Care Narrative and Form HUD-40076 CoC-B Instructions

Continuum of Care Narrative

Your response should consist of narrative text and a completed form HUD-40076 CoC-B

1. Your community's *planning process* for developing a Continuum of Care strategy.

In order to determine the quality and inclusiveness of your Continuum of Care (CoC) **planning process**, please provide the following information:

a. **Identify** the lead entity (i.e., convenor or organization managing the overall process) for the CoC planning process.

The Johnson County Council of Governments (JCCOG) and the Iowa City Planning and Community Development Department lead the Continuum of Care Planning Process. Local Homeless Coordinating Board has led a working group to tackle identified gaps in the Continuum and JCCOG and Iowa City Planning staff have been primarily responsible for writing the Continuum of Care, based on input from all other parties.

b. **Describe** your community's CoC planning process, clearly defining the organizational structure. Demonstrate that one well-coordinated process is in place with no overlapping or duplicative efforts.

Meetings to identify the needs of the homeless and available resources began in the Spring of 2004, with the update of CITY STEPS, Iowa City's Consolidated Plan. The process involved five public meetings and input from representatives of the homeless community, local businesses, banking interests, governmental bodies, and not-for-profit organizations. CITY STEPS is reviewed and updated annually by the Community Development staff and the Housing and Community Development Commission (HCDC), a volunteer panel from the banking, construction, human service, government, and general community sectors. In the recent review, along with a general public hearing, focus groups for human service agencies and for units of government in Johnson County were held. HCDC reviews proposals for the use of HOME and CDBG funds and makes recommendations to the Iowa City City Council based on CITY STEPS' priorities and strategic plan. A part-time dedicated City of Iowa City staff person was hired to update the five-year plan, CITY STEPS, for the years 2006-2011. The document was approved by City Council in December 2004.

Iowa City struggles with the need for affordable housing. The City of Iowa City's Planning and Community Development Department held two Community Housing Forums in the fall of 1996 and with a private consultant completed a needs assessment of the area housing market in January 1998. The forums and needs assessment included input from local government, real estate, banking, tenant, homeless, and human service sectors.

The United Way of Johnson County and JCCOG did a county capacity assessment in the Spring of 2000. Affordable safe housing and employment/economic opportunities were the two of the top six identified concerns

The Johnson County Local Homeless Coordinating Board (LHCB), begun in 1992, meets monthly to share information about needs of and resources for people who are homeless. The LHCB conducts needs assessments on issues impacting homeless persons, including a 1997 survey of chronically unemployed homeless persons. Once each year, the LHCB formally updates the Johnson County Continuum of Care.

- c. **List** the dates and main topics of your CoC planning meetings held since June 2004, which should demonstrate that these meetings (**both plenary and committee**) are: (1) regularly scheduled; (2) held year round; and (3) not solely focused on developing an application in response to the NOFA.

JCLHCB and C of C meetings June 2004 - May 2005

June 9	Agency presentation by Table to Table (food rescue program); Update on C of C funded projects - focus on youth activities; Follow-up on PIT count; M. Hayek, chair of the HCDC and the Scattered Site Housing Task Force shared information on the two groups; Children's Initiative; and announcements
July 14	CITY STEPS (Iowa City's Consolidated Plan) Community Forum On housing and homelessness; Children's Initiative update Furniture Project update
August 11	Agency presentation by IC Housing Authority; C of C update; Committee reports
Sept. 8	Agency presentation by Shelter House; Housing Trust Fund of JC Distribution Plan; Communication Connection - discussion/ review of different agencies' release of information forms; announcements
Oct. 13	Housing Trust Fund's RFP; Hunger & Homeless Awareness Week activities, Furniture Project status report
Nov. 10	Presentation by IC Junior Service League; Announcement of Activities for Hunger & Homeless Week (Nov. 14 -20)- interactive And educational form - "The Faces of Homelessness" at the IC Public Library; discussion on dealing with people who are Homeless and mentally ill - will invite UI Hospitals & Clinics Rep and CMHC staff to Dec. meeting; Announcements on holiday Activities - Project Holiday, toy distributions and Gifts for Parents
Dec. 8	Presentations by Dr. R. Michaelson (CMHC) and Greg Jensen (Director of Social Services at UIHC) on psychiatric evaluation process and resources for people dealing with mental illness. Furniture Project update with staff from Landfill; presentation On Wheels to Work program through Goodwill Industries
Jan (2005)	No meeting due to inclement weather
Feb. 8	Homeless Count Update: C of C process discussion and timeline;

- Housing Trust Fund Update; continued discussion on homeless and mental health services
- March 9 Update and preliminary recommendations by M. Hayek, chair of the Scattered Site Housing committee; Update on C of C with discussion on working on this process throughout the year. At April meeting will have breakout groups to discuss emergency Housing resources and gaps.
- April 13 Emergency housing breakout groups; Agency presentations by American Red Cross and the VAMC Outreach program
- May 11 Information and discussion on the C of C projects (HACAP transitional housing and the STAR program. Project Priority voting.

Committees:

- 1) Children's Initiative started in May of 2004 to identify and develop resources (mainly money) to assist children either in shelter or transitional housing to participate in community activities or programs (IC Kickers, baseball, arts and crafts at Rec Center). The committee has raised \$5,185.52 over the last year. On March 30th, they hosted an activities night at the HACAP Waterfront location. There were ten providers, Information from other children's resources who could not Attend and around fifty children and parents/adults. Several Community activities have offered scholarships or reduced rates. The committee met on Jan. 25, March 8, and April 20.
- 2) National Hunger and Homelessness Awareness Week Committee was a time-limited committee in the fall of 2004. Met four times and organized a tour of agencies that serve people, who are homeless, a forum at the public library and a hunger luncheon.

d. **Describe** which and how local, and/or state elected officials are involved in the process.

Representatives of the Johnson County Board of Supervisors and the Iowa City City Council attend meetings and forums related to homelessness and affordable housing. In addition, City of Iowa City staff and Johnson County staff are intricately involved in the continuum of care process and share information with elected officials.

e. **List**, using the format in HUD 40076 CoC - B:(1) The specific names and types of organizations involved in your Continuum of Care (CoC) planning process, such as State and local government agencies, Public Housing Authorities (PHAs), nonprofit organizations,

individual businesses or business associations, homeless or formerly homeless persons, and others, including law enforcement, hospital or medical facility representatives, and funders; (2) the one or two subpopulation(s) the organization/entity primarily serves and whose interests they are specifically focused on representing; and (3) each organization’s level of participation in the planning process. High participation levels might include: steering committee member attends all monthly planning meetings, housing subcommittee member attends most CoC planning meetings, gaps analysis subcommittee chairperson attends all group meetings and most CoC planning meetings, etc. Medium attendance levels might include attending between 40% and 80% of CoC planning meetings. Participants who attend less than 40% of CoC planning meetings have low participation levels. In order to obtain a higher competitive score for “participation,” planning participants must attend more than 50% of the planning and/or committee meetings. In addition, if more than one geographic area is claimed on the 2005 Application Summary page, you must indicate which geographic area(s) each organization represents in your Continuum of Care planning process.

(Although you may require multiple pages to respond to 2d, your response will count as only one page towards the 30-page limitation.)

Exhibit 1: Continuum of Care Planning Process Organizations

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Example: Nonprofit Org.: ABC, Inc.	City of Ajax	HIV/AIDS	Com. Chair attends 100% planning meetings
Local government agencies: Steve Long/Tracy Hightshoe/Tamera Robinson, Iowa City Planning Department	Iowa City		High-LHCB High-Housing Trust Fund Children’s Initiative, coordinates the CofC document
Sally Stutsman, Board of Supervisors	Johnson County		Low-LHCB
Linda Severson, Johnson County Council of Governments	Johnson County		High-LHCB High- coordinates the CofC document
Public Housing Authority: Mary Copper (Family Self-Sufficiency)/Steve Rackis, Iowa City Housing Authority	Johnson County		Medium-LHCB
Non-Profits Organizations: Amy Laumann, American Red Cross	Johnson County		High-LHCB
Dayna Ballantyne, Crisis Center	Johnson County		High-LHCB Chair
Bruce Jutten, Johnson County MH/DD Unit	Johnson County	SMI and DD	Medium-LHCB
Matt Otte, Community Mental Health Center	Johnson County	SMI	High-LHCB, assisted with Pt.-In-Time

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Alda Buresh, Domestic Violence Intervention Program	Johnson County	DV	Unsheltered Count High-LHCB
Amy Blessing, Goodwill Industries/IC Housing Authority/Free Lunch	Johnson County		Low-LHCB
Maryann Dennis, Greater Iowa City Housing Fellowship	Johnson County		High-LHCB High-Housing Trust Fund
Mark Patton, Habitat for Humanity	Johnson County		Low-LHCB
Carol Conner/Al Axeen, Hawkeye Area Community Action Program	Johnson County		High-LHCB Assists w/CofC Document High-Children's Initiative
Amy Corriea, Iowa Coalition Against Domestic Violence and Housing Trust Fund of Johnson County	Johnson County	DV	Low-LHCB
Becky Clayton/Ron Berg, Mid Eastern Iowa Council on Chemical Abuse (MECCA)	Johnson County	SA	Low-LHCB
Dan Todd, Salvation Army	Johnson County		Medium-LHCB
Crissy Canganelli/Kafi Dixon/Rita Offut/Clair Heger/Abby Burgess, Stephanie VanHousen/Mary Milder/Melissa Copeland/Ruth Beyerhelm, Shelter House (formerly Emergency Housing Project)	Johnson County		High-LHCB, Assists with CofC document High-Nat. Hunger & Homeless Awareness Week Committee High-Children's Initiative
Joshua Weber, Successful Living	Johnson County	SMI, SA	Medium-LHCB High-Children's Initiative
Andy Johnson, Housing Trust Fund of Johnson County	Johnson County		High-LHCB
Darcie Yamada, United Action for Youth	Johnson County	Youth	Medium-LHCB
Joanna Mourning/Peg Loveless, Nat. Alliance for the Mentally Ill – JC	Johnson County	SMI	Low-LHCB
Sue Lehman, UI College of Nursing	Johnson County		High-LHCB
Brian Brooks, Veterans Affairs Medical Center	Johnson County	VETS, SA	Medium-LHCB, assisted with Pt.-In-Time Unsheltered Count
Bob Andrilik, Table to Table	Johnson County		Medium-LHCB
Chris Martin, Theresa Jones, Youth Homes/Four Oaks	Johnson County	Y	Medium-LHCB
Other:			
Irvin Pfab, Homeless Overflow & St. Mary's Peace + Justice	Johnson County		Medium-LHCB
Joan VandenBerg, Iowa City Community	Iowa City, North	Y	Medium-LHCB

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
School District	Liberty and Hills		
Patti Santangelo, First Christian Church Consultation of Religious Communities	Johnson County		High-LHCB
Courtney Ball/Marsha Acord/Paul Schultz, Faith Community/Free Lunch	Johnson County		Low-LHCB
Theresa Wilson, Citizen	Iowa City		Low-LHCB
Jan Peterson, United Way of Johnson County (Funder)	Johnson County		Low-LHCB
Business			no representation this year
Formerly Homeless Individuals			
Betty Webb/Larry Ann Foraker/Kenny Lundberg			Low

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

Level of participation:

High 75% or more

Medium 50 – 74%

Low Below 49%

Form HUD 40076 CoC-B page 1

Exhibit 1: Continuum of Care Goals and System

1. Your community's CoC goals, strategy, and progress

The key to developing a successful CoC is to reassess regularly the existing system and identify shortcomings or gaps, then establish a set of goals and action steps to address those shortcomings of gaps. With this in mind, please provide the following:

a. Chronic Homelessness Goals/Strategy

A chronic homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct and sustained stay on the streets and/or in an emergency homeless shelter.

(1) **Past Performance.** HUD must track local CoC progress made toward the Administration's goal of ending chronic homelessness. Please complete the charts below, indicating for each year the total unduplicated point-in-time count of the chronic homeless and the number of existing and new permanent beds from **all** funding sources targeted to house the chronically homeless. In the charts below, please use the data provided in your 2004 and 2005 Homeless Population and Subpopulations Charts for the number of individuals. For the number of permanent beds, please use the data provided in the 2005 Housing Activity Chart and, to the extent possible, estimates for 2004. Please also tell us using no more than two pages:

- (a) The specific actions that your community has taken over the past year towards ending chronic homelessness;
 - i. Individual organizations within the Johnson County Continuum of Care began identifying persons who were living in the Johnson County area and experiencing chronic homelessness, and have collected data and information specific to this population. This information will be collectively reviewed and from it service needs/gaps and barriers continue to be identified.
 - ii. One primary system deficit was immediately recognized for the population with respect to a need for consistent outreach sites and services as many of the individuals are service resistant and avoid traditional and existing points of contact. Sites have been established and consistently staffed at several of the most frequented locations throughout the community including, the Wesley Center which houses the Free Lunch Program and the Free Medical Clinic, Agape Café, the Salvation Army, Shelter House and DVIP.
 - iii. Individuals are linked with needed services such as mental health, substance abuse treatment, other mainstream resources and affordable housing through shelter, outreach and case management.
 - iv. A serious bed capacity deficit at the only homeless shelter facility in the county has led to a grassroots effort driven by local faith communities to

provide overflow bed capacity until such time as a new facility is constructed

- (b) Any remaining obstacles to achieving this goal; and
- i. The current general-use homeless facility is inadequate with respect to available space and physical condition and does not meet the health, safety, and welfare needs of the population to be served. This restricts initial access for many individuals who are chronically homeless to emergency shelter.
 - ii. NIMBYism and community attitudes.
 - iii. Lack of funding for the operational expenses of increased program capacity and for new programs developed to address the needs of the chronically homeless.
 - iv. Lack of access and lack of a secured payment source for mental health and substance abuse treatment services.
 - v. Lack of employment opportunities (skilled and unskilled) that pay a living wage.
 - vi. Limited capacity in the one county-wide case management program for men and women who are homeless in Johnson County.
 - vii. Lack of affordable housing.
 - viii. Lack of permanent supportive housing or other models that would provide a long term stable living environment.
- (c) Describe any changes in the total number of chronic homeless persons reported in 2004 and 2005.
- i. Increased outreach efforts and consistent points of contact were successful in engaging more individuals, who are chronically homeless, the vast majority of whom are service resistant. An increasing number of individuals have successfully and consistently followed through with referrals.
 - ii. Increased outreach and concentrated case management efforts have actually led to an overall decrease in the numbers of chronically homeless persons as these efforts were successful in placing at least six individuals in permanent housing in 2004.
 - iii. Work is underway to develop capacity for Permanent Supportive Housing for individuals with chronic mental illness. While these units are not explicitly designated for chronically homeless it is anticipated that a percentage of the residents at any one time would fit the definition.

Individuals Chart

Number of Chronic Homeless Individuals	
	Point in time count
2004	19
2005	19

Beds Chart

Number of permanent beds for house the chronically homeless			
	Permanent beds as of Jan	Permanent beds Net Change	End of Year TOTAL
2004	NA	NA	NA
2005	NA	NA	NA

(2) Current Chronic Homelessness Strategy. In order to keep HUD informed of your long-term chronic homelessness strategy, please provide a brief summary of the community's strategy for ending chronic homelessness, including any updates to your strategy. *(Your response to this item is expected to be no more than 2 pages, however, none of it will count towards your 30-page limitation.)*

The goals and strategies that the Continuum has developed to address Chronic Homelessness in the Johnson County area include the following:

- a. Identify individuals who are chronically homeless and living in the Johnson County area—both sheltered and unsheltered.
 - i. Collect information through the Point-in-time study and through sharing of more detailed summary data form relevant providers within the LHCB.
- b. Identify the services needs of individuals who are chronically homeless and living in the Johnson County area.
 - i. Collect summary data from individuals surveyed at outreach sites and other provider locations.
 - ii. Collect summary data from providers throughout the continuum.
- c. Identify the barriers to accessing existing resources for individuals who are chronically homeless and living in the Johnson County area.
 - i. Collect summary data from individuals surveyed at outreach sites and other provider locations.
 - ii. Collect summary data from providers throughout the continuum.
- d. Improve access to services and service coordination for individuals who are chronically homeless and living in the Johnson County area.
 - i. Shelter House has purchased land and is in the process of implementing a capital campaign to raise necessary funds for a new facility to increase emergency and short-term transitional shelter capacity.
 - ii. Shelter House has purchased land and is in the process of implementing a capital campaign to raise necessary funds for a new facility to increase Drop-In Center capacity and access to daily living and other pertinent support services.
- e. Improve engagement and participation in services by individuals who are chronically homeless and living in the Johnson County area.
 - i. Continue and intensify outreach efforts to build rapport with service resistant individuals and to facilitate engagement and participation of individuals within the available continuum of services.
 - ii. Develop additional approaches focused on facilitating the strategic engagement and participation of individuals who are chronically homeless in needs based enrollment within the continuum of services.
- f. Explore the feasibility of development of Permanent Supportive Housing for individuals who are chronically homeless and living in the Johnson County area.
 - i. Identify and partner with local stakeholders, research funding sources and utilize technical assistance providers (Corporation for Supportive Housing).
- g. Prevent additional individuals from experiencing chronic homelessness.
 - i. Partner with local stakeholders, including hospitals and correction facilities to promote coordinated and proactive discharge planning and placements.

- ii. Build capacity and funding for mental health, and substance abuse treatment and other corollary supportive services.
- iii. Build capacity for other pertinent supportive services focused on establishing and maintaining permanent housing placements.

Exhibit 1: Continuum of Care Goals and System

(3) **Coordination.** If your CoC covers a jurisdiction that has developed, or is developing, a separate strategy to end chronic homelessness, please provide a narrative description of efforts made to ensure coordination between that strategy and the overall CoC strategy, i.e. endorsement of that coordination by the applicable unit of government chief executive officer, etc.

Not applicable.

Chronic Homelessness Goals Chart

(4) Indicate future-oriented goals, and the specific action steps for each that will be taken over the next 18 months in carrying out a strategy to end **chronic** homelessness in your community. Specify the entity that has the lead responsibility for success or failure in carrying out each step and provide specific target dates for completion.

Goal: End Chronic Homelessness (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Ex: Count unsheltered homeless to establish baseline	<ul style="list-style-type: none"> a. Develop strategy of who does what. b. Get concurrence of best date. c. Train volunteers in techniques. 	Emergency Shelter Commission	January 2006
Goal 1: Identify individuals who are chronically homeless and living in Johnson County—both sheltered and unsheltered.	<ul style="list-style-type: none"> ▪ Collect information through the Point-in-time study and through sharing of more detailed summary data form relevant providers within the LHCB. 	Matt Otte, CMHC Brian Brooks, VAMC Crissy Canganelli, Shelter House Mary Chval, Youth Homes Dayna Ballantyne, Crisis Center	December 2006
Goal 2: Identify the service needs of individuals who are chronically homeless and living in the Johnson County area.	<ul style="list-style-type: none"> ▪ Collect summary data from individuals surveyed at outreach sites and other provider locations. ▪ Collect summary data from providers throughout the continuum. 	Matt Otte, CMHC Brian Brooks, VAMC Crissy Canganelli, Shelter House Mary Chval, Youth Homes Dayna Ballantyne, Crisis Center	December 2006
Goal 3: Identify the barriers to accessing existing resources for individuals who are chronically homeless and living in Johnson County.	<ul style="list-style-type: none"> ▪ Collect summary data from individuals surveyed at outreach sites and other provider locations. ▪ Collect summary data from providers throughout the continuum 	Matt Otte, CMHC Brian Brooks, VAMC Crissy Canganelli, Shelter House Mary Chval, Youth Homes Dayna Ballantyne, Crisis Center	December 2006

Goal: End Chronic Homelessness ("What" are you trying to accomplish)	Action Steps ("How" are you to go about accomplishing it)	Responsible Person/Organization ("Who" is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Goal 4: Improve access to services and service coordination for individuals who are chronically homeless and living in Johnson County.	<ul style="list-style-type: none"> ▪ Increase emergency and short-term transitional shelter capacity. ▪ Increase Drop-In Center capacity and access to daily living and other pertinent support services. 	Crissy Canganelli, Shelter House	October 2006
Goal 5: Improve engagement in services by individuals who are chronically homeless and living in Johnson County.	<ul style="list-style-type: none"> ▪ Continue and intensify outreach efforts to build rapport with service resistant individuals and to facilitate engagement and participation of individuals within the available continuum of services. ▪ Develop additional approaches focused on facilitating the strategic engagement and participation of individuals who are chronically homeless in needs based enrollment within the continuum of services. 	Matt Otte, CMHC Brian Brooks, VAMC Kafi Dixon, Shelter House	December 2006
Goal 6: Explore the feasibility of development of Permanent Supportive Housing for individuals who are chronically homeless and living in Johnson County.	<ul style="list-style-type: none"> ▪ Partner with local stakeholders, research funding sources and utilize technical assistance providers (Corporation for Supportive Housing). 	Crissy Canganelli, Shelter House Steve Long, City of Iowa City Burns & Burns, developer Amy Knutson, ICHH	June 2006
Goal 7: Prevent additional individuals from experiencing chronic homelessness.	<ul style="list-style-type: none"> ▪ Partner with local stakeholders, including hospitals and correction facilities to promote coordinated and proactive discharge planning and placements. ▪ Build capacity and funding for mental health, and substance abuse treatment and other corollary supportive services. ▪ Build capacity for other supportive services focused on establishing and maintaining permanent housing placements. 		

b. Other Homeless Goals Chart

In addition to the goals for ending chronic homelessness, please describe the goals and specific action steps for each that will be taken over the next 18 months that your community has developed to address homelessness. Specify the entity that has lead responsibility for carrying out each step and specific target date for completion. Please use the following format.

Goal: Other Homelessness	Action Steps	Responsible Person/Organization	Target Dates
Goal 1:	1. Support continued funding of Johnson County	Participating Human Service Agencies:	Nov. 2006

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
<p>Educate the community and potential clients.</p> <p>Advocate for and coordinate the delivery of human services.</p> <p>Increase awareness and understanding of issues surrounding rural homelessness.</p>	<p>Council of Governments (JCCOG) Human Services Coordinator.</p> <p>2. Publicize the availability of discount programs for LMI households administered by local governments (e.g. utilities discount program).</p> <p>3. Conduct a study of rural homelessness coordinated through JCCOG.</p> <p>4. Conduct a survey to determine community attitudes surrounding affordable housing and homeless organizations and participants.</p>	<p>Steve Long, City of Iowa City</p> <p>Linda Severson, Johnson County Council of Governments</p> <p>Joan Vandenberg, Iowa City School District</p>	
<p>Goal 2:</p> <p>Assist LMI households in retaining and maintaining their existing housing.</p>	<p>1. Support and coordinate assistance programs providing funds for rent, utilities, deposits and mortgages.</p> <p>2. Funding for housing rehabilitation programs, including residential accessibility.</p> <p>3. Continue to improve and utilize physical and mental health care services and facilities.</p> <p>4. Expand in-home and off-site supportive services (e.g. consumer credit counseling, life skills training, and mentor or “buddy” programs).</p>	<p>Sandy Pickup, Free Medical Clinic</p> <p>Becky Clayton, MECCA</p> <p>Matt Otte, Community Mental Health Center</p> <p>David Powers, City of Iowa City Housing Rehab</p> <p>Mary Copper, Iowa City Housing Authority</p> <p>Carol Conner, HACAP</p> <p>Linda Severson, JCCOG Hillcrest Supported Living</p> <p>Mick Bowers, Successful Living</p> <p>Gillian Fox, LIFE Skills, Inc.</p> <p>Kafi Dixon, Shelter House</p> <p>Kristie Doser, Domestic Violence Inv Prog.</p> <p>Pat Meyers, Neighborhood Centers of Johnson County</p> <p>Mary Ann Dennis, Greater Iowa City Hsg Fellowship</p> <p>Joan Vandenberg, Iowa City School District</p> <p>Red Cross</p> <p>Dayna Ballantyne, Common Fund (Consultation of Religious Comm.) Crisis Center</p> <p>Lindsey Mascher, ICARE (HOPWA)</p>	<p>December 2006</p>

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
Goal 3: Emergency Shelters Day Shelters	<ol style="list-style-type: none"> 1. Expand emergency shelter space. 2. Maintain existing shelter facilities. 3. Continue day shelter operations. 	Crissy Canganelli, Shelter House Kristie Doser, Domestic Violence Intervention Program Dan Todd, Salvation Army Kelli Malone, Youth Homes/Four Oaks, Inc. Crisis Center Free Lunch United Action for Youth	December 2007
Goal 4: Increase number of units for families. Increase number of units for persons with special needs. Increase number of units for persons who are single.	<ol style="list-style-type: none"> 1. Continue to develop scattered site transitional housing facilities with supportive service participation. 2. Encourage appropriate human service providers to expand into transitional housing. 3. Purchase or construct SRO units. 4. Provide transitional housing opportunities for persons with mental illnesses or other special needs. 5. Support the delivery of non-facility based services to persons with special needs. 	Becky Clayton, MECCA Al Axeen, HACAP Mick Bowers, Successful Living, Inc. Matt Otte, Community Mental Health Center City of Iowa City Gillian Fox, LIFE Skills, Inc. Kristie Doser, Domestic Violence Intervention Program Brian Brooks, VAMC Outreach	Nov. 2006
Goal 5: Retain and maintain existing units. Explore resources needed to increase the number of units of housing for all populations.	<ol style="list-style-type: none"> 1. Survey human service providers to determine the level of need for housing with supportive services. 2. Identify potential service providers, programs and sites for additional units. 3. Continue to provide rehabilitation and maintenance assistance to existing providers of permanent supported housing. 4. Provide technical assistance (TA) as needed for human service providers accessing HUD and other governmental programs. 	Tracy Hightshoe, City of Iowa City Linda Severson, JCCOG Local Homeless Coordinating Board Jan Peterson, United Way Lindsey Mascher, Iowa City AIDS Resources and Education (ICARE) Hillcrest Becky Clayton, MECCA Carol Conner, HACAP Mick Bowers, Successful Living, Inc.	Nov. 2006
Goal 6: Training and support services to assist individuals and families in reaching their highest degree of self-sufficiency.	<ol style="list-style-type: none"> 1. Provide micro-enterprise training or start-up opportunities. 2. Facilitate and encourage the expansion of affordable childcare for LMI 	Paul Heath, Small Business Development Center Charles Palmer, Institute for Social and Economic Development	Nov. 2006

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
	<p>households.</p> <p>3. Provide supportive employment environments for persons with special needs (e.g. peer support, job coaches, ADA compliance).</p> <p>4. Continue and expand apprenticeship and employment training programs.</p> <p>5. Encourage and support educational opportunities including basic skill development.</p> <p>6. Facilitate the improvement of transportation services.</p>	<p>Tom Walz, Extend the Dream Foundation</p> <p>Steve Nasby, City of Iowa City Economic Dev</p> <p>Kafi Dixon, STAR</p> <p>Mike Townsend, Goodwill Industries JTPA</p> <p>Cokie Ikerd, Mayors Youth Empowerment Program</p> <p>Brian Loring, Neighborhood Centers of Johnson County</p> <p>Michelle Hanks, 4Cs</p> <p>Ginny Naso, United Action for Youth</p>	

Form HUD 40076 CoC-C page 2

Exhibit 1: Continuum of Care – Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being systematically discharged from publicly funded institutions or systems of care.

Please complete the following to illustrate the current level of development and implementation within your CoC geographic areas.

Development and Implementation of Discharge Planning
Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care				
Health Care				
Mental Health				
Correctional				

Form HUD 40076 CoC-D

Exhibit 1: Continuum of Care – Unexecuted Grants Chart**Unexecuted Grants Awarded Prior to the 2004 Continuum of Care Competition**

Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2004 that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Ex: MI23B901002	Michiana Homes, Inc.	TH for Homeless Families	\$514,000
		Total	

Form HUD 40076 CoC-E

Exhibit 1: Continuum of Care Service Activity Chart

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and *agencies that provide that service*. (*Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.*)

Fundamental Components in CoC System -- Service Activity Chart			
<p><u>Component:</u> <i>Prevention</i></p> <p><u>Services in place:</u></p>			
<p><i>Counseling/Intervention</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>County</p> <p>Johnson</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Provider</p> <p>HACAP Crisis Center</p> </td> </tr> </table>		<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>HACAP Crisis Center</p>
<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>HACAP Crisis Center</p>		
<p><i>Emergency Rent/Mortgage Assistance</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>County</p> <p>Johnson</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Provider</p> <p>Johnson County General Assistance</p> </td> </tr> </table>		<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>Johnson County General Assistance</p>
<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>Johnson County General Assistance</p>		
<p><i>Utility Assistance</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>County</p> <p>Johnson</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Provider</p> <p>HACAP Crisis Center</p> </td> </tr> </table>		<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>HACAP Crisis Center</p>
<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>HACAP Crisis Center</p>		
<p><i>Housing Rehab/Repair Program</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>County</p> <p>Johnson/Iowa City Only Johnson Johnson Johnson</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Provider</p> <p>City of Iowa City Rehab Program JC Housing Task Force (w/ECICOG) Elder Services Inc. HACAP</p> </td> </tr> </table>		<p>County</p> <p>Johnson/Iowa City Only Johnson Johnson Johnson</p>	<p>Provider</p> <p>City of Iowa City Rehab Program JC Housing Task Force (w/ECICOG) Elder Services Inc. HACAP</p>
<p>County</p> <p>Johnson/Iowa City Only Johnson Johnson Johnson</p>	<p>Provider</p> <p>City of Iowa City Rehab Program JC Housing Task Force (w/ECICOG) Elder Services Inc. HACAP</p>		
<p><i>Security Deposit</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>County</p> <p>Johnson Johnson</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Provider</p> <p>Greater Iowa City Housing Fellowship Shelter House PATH/Community Mental Health Center</p> </td> </tr> </table>		<p>County</p> <p>Johnson Johnson</p>	<p>Provider</p> <p>Greater Iowa City Housing Fellowship Shelter House PATH/Community Mental Health Center</p>
<p>County</p> <p>Johnson Johnson</p>	<p>Provider</p> <p>Greater Iowa City Housing Fellowship Shelter House PATH/Community Mental Health Center</p>		
<p><u>Component:</u> <i>Outreach</i></p> <p><u>Services in place:</u></p>			
<p><i>Information and Referral Assistance in accessing services</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>County</p> <p>Johnson</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Provider</p> <p>STAR/Shelter House VA Medical Center PATH (Community Mental Health Center) United Action for Youth</p> </td> </tr> </table>		<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>STAR/Shelter House VA Medical Center PATH (Community Mental Health Center) United Action for Youth</p>
<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>STAR/Shelter House VA Medical Center PATH (Community Mental Health Center) United Action for Youth</p>		
<p><u>Component:</u> <i>Supportive Services</i></p> <p><u>Services in place:</u></p>			
<p><i>Case Management</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>County</p> <p>Johnson</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Provider</p> <p>JC MH/DD Services Elder Services, Inc. HACAP STAR</p> </td> </tr> </table>		<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>JC MH/DD Services Elder Services, Inc. HACAP STAR</p>
<p>County</p> <p>Johnson</p>	<p>Provider</p> <p>JC MH/DD Services Elder Services, Inc. HACAP STAR</p>		

Life Skills	
County Johnson	Provider Shelter House/STAR DVIP Youth Homes Emergency Shelter HACAP
Alcohol and Substance Abuse Treatment	
County Johnson	Provider MECCA VA Medical Center UofI Hospitals & Clinics
Mental Health Treatment	
County Johnson	Provider Community Mental Health Center Mercy Hospital VA Medical Center UofI Hospitals & Clinics Crisis Center
AIDS-Related Treatment	
County Johnson	Provider ICARE/MECCA Uof I Hospitals and Clinics
Childcare	
County Johnson	Provider Hometies
Transportation (strip bus tickets)	
County Johnson/Iowa City only	Provider City of Iowa City
Food	
County Johnson	Provider Free Lunch Salvation Army Agape Café Crisis Center

Form HUD 40076 CoC-F

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart																			
<i>EMERGENCY SHELTER</i>																			
Provider Name	Facility Name	HMIS			Geo Code	Target Pop.		2005 Year-Round Units/Beds				2005 Other Beds							
		Part. Code	Number of Year-Round Beds			A	B	Family Units	Family Beds	Individual Beds	Total Year-Round	Seasonal	Over-flow/Voucher						
Current Inventory			Ind.	Fam.															
Shelter House	Shelter House				192466	M		0	10	20	30	12	NA						
DVIP	DVIP				192466	FC	DV	0	30	10	40	0	NA						
Youth Homes	Youth Homes				192466	YMF		0	0	12	12	0	NA						
TOTALS								TOTALS	0	40	42	82	12						
Anticipated Occupancy Date																			
Under Development																			
Shelter House	Shelter House	Fall 2007			192466	M		0	30	40	70								
								TOTALS	0	30	40	70							
Unmet Need								TOTALS	0										
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">1. Total Year-Round Individual ES Beds</td> <td style="width: 50%; text-align: right; border-bottom: 1px solid black;">42</td> </tr> <tr> <td style="border-bottom: 1px solid black;">2. Year-Round Individual ES Beds in HMIS</td> <td style="text-align: right; border-bottom: 1px solid black;">42</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3. HMIS Coverage Individual ES Beds</td> <td style="text-align: right; border-bottom: 1px solid black;">100%</td> </tr> </table>														1. Total Year-Round Individual ES Beds	42	2. Year-Round Individual ES Beds in HMIS	42	3. HMIS Coverage Individual ES Beds	100%
1. Total Year-Round Individual ES Beds	42																		
2. Year-Round Individual ES Beds in HMIS	42																		
3. HMIS Coverage Individual ES Beds	100%																		
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">4. Total Year-Round Family ES Beds</td> <td style="width: 50%; text-align: right; border-bottom: 1px solid black;">40</td> </tr> <tr> <td style="border-bottom: 1px solid black;">5. Family ES Beds in HMIS</td> <td style="text-align: right; border-bottom: 1px solid black;">40</td> </tr> <tr> <td style="border-bottom: 1px solid black;">6. HMIS Coverage Family ES Beds</td> <td style="text-align: right; border-bottom: 1px solid black;">100%</td> </tr> </table>														4. Total Year-Round Family ES Beds	40	5. Family ES Beds in HMIS	40	6. HMIS Coverage Family ES Beds	100%
4. Total Year-Round Family ES Beds	40																		
5. Family ES Beds in HMIS	40																		
6. HMIS Coverage Family ES Beds	100%																		
(Divide line 2 by line 1 and multiply by 100. Round to whole number.)						(Divide line 5 by line 4 and multiply by 100. Round to whole number.)													

Exhibit 1: Continuum of Care Housing Activity Chart Instructions

Please provide information on each project/voucher program (Current and Under Development) at the time of point-in-time date of your Housing Activity Survey.

Column Name

Provider Name: Self-explanatory.

Facility Name: Self-explanatory.

HMIS Participation Code: Enter one of the following four codes for each facility concerning its participation in the CoC's HMIS.

A = all of the clients served by this program have data entered into the HMIS; S= some of the clients served by this program have data entered into the HMIS; N= none of the clients served by this program have data entered into the HMIS but they plan to participate in the future; Z=this program does not plan to participate in HMIS

Number of Year-Round Beds in HMIS: Enter the number of year-round individual beds and number of year-round family beds that are covered by the HMIS. A bed is "covered" if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as "covered". These numbers should be consistent with the participation code and should not exceed the total number of beds provided in each project, as reported in the subsequent columns in this table.

Geo Code: Indicate the Geographic Area Code (Geo Code) for the project. Where there is only one geographic code for the Continuum, check the box and indicate that code in the first project only. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the provider's inventory is located.

Target Population A: Select the code that best represents your project: **SM**= only Single Males (18 years and older); **SF**= only Single Females (18 years and older); **SMF**= only Single Males and Females (18 years and older with no children); **FC**= only Families with Children; **YM**= only unaccompanied Young Males (under 18 years); **YF**= only unaccompanied Young Females (under 18 years); **YMF**= only unaccompanied Young Males and Females (under 18 years); **M**= mixed populations. Only one code should be used per facility. If more than one group is served use the **M**=mixed populations code.

Target Population B: Indicate whether the project serves these additional characteristics: **DV**= only Domestic Violence victims; **VET**= only Veterans, and **AIDS**= only persons with HIV/AIDS.

2005 Year-Round Units/Beds:

Family Units: Enter the number of units that the project set-aside for serving families.

Family Beds: Enter the number of beds that are contained in family units.

Individual Beds: Enter the number of beds that are serving individuals. For the Permanent Supportive Housing Chart only (both Current and Under Development Inventories), indicate first the total number of individual beds, then the estimated number of those beds designated for CH individuals or occupied by persons who met the definition of chronic homelessness at the time of placement into PSH beds. (Example: 115/5 indicates that there are a total of 115 PSH beds for individuals in the COC, 5 of which are designated for or occupied by a CH person.)

2005 All Beds (Emergency Shelters Only)

Emergency shelters are usually structures with year-round beds, but there are structures with seasonal beds that are made available to homeless persons during particularly high-demand seasons of the year, usually wintertime. In addition, projects may have overflow capacity that includes cots or mats in addition to permanent bed capacity that is not ordinarily available but can be marshaled when demand is especially great, for example, on the coldest nights of the year. Vouchers are to be identified under overflow beds. The total number of year-round, seasonal and overflow beds would provide a point-in-time snapshot of the housing inventory for homeless people at its highest point in the year.

Year-Round Beds: The number of family beds in (column "Family Beds") **plus** the number of beds for individuals (column "Individual Beds").

Seasonal Beds: The number of beds made available to individuals and families on a seasonal basis.

Overflow Beds: The number of beds, mats or spaces or vouchers that are made available on a very temporary basis.

Current Inventory: List all facilities and voucher programs that are currently operating.

Under Development: List all the projects that are fully funded but are not yet serving homeless people. Indicate the anticipated occupancy date for project.

(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

Form HUD 40076-CoC-G page 4

Exhibit 1: Continuum of Care Participation in Energy Star Chart

HUD promotes energy efficient housing. CoCs that have applicants applying for new construction or rehabilitation funding or who maintain housing or community facilities or provide services in those facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative? Yes No

Have you notified CoC members of this initiative? Yes No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: 66%

Form HUD 40076 CoC-H page 1

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals	41(N)	39 (N)	7 (N)	87
2. Homeless Families with Children	20 (N)	49 (N)	50 (N)	119
2a. Persons in Homeless Families with Children	20 (N)	177 (N)	146 (N)	343
Total (lines 1 + 2a only)	61	216	153	430
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	7(N)		12 (E)	19
2. Severely Mentally Ill	6 (N)		*	
3. Chronic Substance Abuse	25 (N)		*	
4. Veterans	2 (N)		*	
5. Persons with HIV/AIDS	0		*	
6. Victims of Domestic Violence	32 (N)		*	
7. Youth (Under 18 years of age)	137 (N)		*	

*Optional for Unsheltered

Form HUD 40076 CoC-I page 1

Exhibit 1: Continuum of Care Homeless Population and Subpopulations

Instructions

Completing Part 1: Homeless Population. This 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. The counts must be from: (A) administrative records, (N) enumerations or (S) statistically reliable samples. The quality of the data presented in each box must be identified as: (A), (N), or (S).

Completing Part 2: Homeless Subpopulations. This 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. The numbers must be from: (A) administrative records, (N) enumerations or (S) statistically reliable samples. The quality of the data presented in each box must be identified as: (A), (N), or (S).

Sheltered Homeless. Count adults, children and youth residing in shelters for the homeless. “Shelters” include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Do not count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent’s homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

Form HUD 40076 CoC-I page 2

Exhibit 1: Continuum of Care Information Collection Methods Instructions

Methods used to Collect Information for the Fundamental Components of the CoC System Housing Activity Chart and Homeless Population/Subpopulations Charts

1. Housing Activity Chart.

(a) Describe your community's methods for conducting an annual update of the emergency, transitional housing and permanent supportive current housing inventory in place and under development contained in the 2005 CoC competition, including the definition your community used for emergency shelter and transitional housing. Specify the data source (e.g., City Shelter Survey), the method (e.g., mail survey), and response rate for filling out the "Current Inventory in 2005" and "Under Development in 2005" columns. The survey must be for a one night point-in-time count in the last week of January 2005.

An annual update of the emergency and transitional housing (no permanent supportive housing) inventory in place and under development was accomplished on January 25 via a survey with follow-up phone calls by representatives of the Community Mental Health Center, the City of Iowa City Community Development Division and the Johnson County Council of Governments.

Johnson County's community definition of emergency shelter and transitional housing.

"Emergency Shelter is the provision of basic, temporary, overnight sleeping accommodation, sometimes including the provision of a meal and other basic services such as the provision of health care and clothing."

"Transitional Housing is the provision of temporary housing with supportive services which help homeless persons/families overcome the problems/conditions that caused them to become homeless to enable them to return to independent living, as possible. Through the appropriate provision or coordination of services (such as education, substance abuse, physical/mental health, childcare, transportation, family support, etc.), the objective is to assist those served by increasing skills and or income to enable them to obtain and remain in permanent housing. Transitional housing may be specifically designed for sub-populations with special needs such as persons with mental illness, substance abuse, dual diagnosis, domestic violence, HIV/AIDS, etc."

2. Unmet Housing Needs.

3. (a) Briefly describe the basis for your CoC's determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.

Unmet need was determined by subtracting the Current Inventory from the estimated need. Estimated need was calculated by using a formula that included 100% of the current population, the number of persons turned away on that date, the number of

unsheltered homeless and the number of persons doubled-up that were requesting service at that point in time. This method was based on previous experience and by a recommendation received during a HUD Technical Advisory Assistance Session on completion of the Gaps Analysis Chart.

3. Part 1 and 2 Homeless Population and Subpopulations Chart.

(a) Describe your CoC's methods (e.g., on-line HMIS data, mail survey, response rate) for data collection used to complete the "sheltered" portion of Part 1 and 2 based upon a one day, point-in-time study in the last week of January 2005. Please indicate whether your CoC does annual shelter counts. Describe your plans for the next required sheltered count in January 2007.

A survey was sent to all members of the Johnson County Local Homeless Coordinating Board. The survey was in a format similar to the HUD Continuum of Care Homeless Population and Subpopulations Chart so that representatives from each agency can complete the survey with accurate and appropriate information. This survey will be conducted at least once a year to coincide with the point-in-time study.

(b) Describe your CoC's methods for data collection used to complete the "unsheltered" portion of Part 1 and 2 based upon a one day, point-in-time study, preferably in the last week of January 2005. If your CoC uses point-in-time other than a day in the last week in January, please describe the basis for selecting that date. Please indicate whether your CoC does annual unsheltered counts. Describe your plans for the next required unsheltered count in January 2007.

A representative from the Community Mental Health Center went out on the evening of January 25, 2005 to locate persons that were living in places not meant for human habitation (not in a shelter).

Annually, at least two representatives from the Local Homeless Coordinating Board will conduct a count of persons living places not meant for human habitation. In addition, a phone contact will be made to local shelters and transitional housing facilities requesting the number of people served that day. Information on the number of people they could not provide for due to lack of beds will also be obtained.

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

Please complete the information below. Your response to this item will not count towards your 30-page limitation.

This section should be completed in conjunction with the lead agency/organization responsible for HMIS implementation. Note: all information requested in questions 1 through 3 should apply only to the Continuum of Care as defined in Exhibit One, even if your CoC is part of a multi-CoC implementation.

For questions 1, 2 and 3, please provide information related to the CoC as defined in Exhibit One only, even if the CoC is part of a multi-CoC HMIS implementation

1. HMIS implementation
a. P

Phases of HMIS Implementation

Planning Start Date (mm/yyyy): _____

If not yet planning, please select a reason:

- New CoC in 2005
- Lack of funding for planning
- Other _____

Data Collection Start Date: _____

Date the CoC achieved or anticipates achieving 75% bed coverage in:

Date Achieved
(mm/yyyy)

Date Anticipated
(mm/yyyy)

Emergency Shelter

Transitional Housing

Permanent Supportive Housing
(McKinney-Vento funded units)

For questions 4 and 5, please provide information on the HMIS implementation as a whole. If your CoC is part of a multi-CoC implementation, the lead organization may be from outside of the CoC defined in Exhibit One.

Number of Programs
Percent of Total Programs

Street outreach programs participating in HMIS

%

Other non-housing programs participating in HMIS

%

Form HUD 40076 CoC-J page 1

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

- b. Describe in a brief narrative the progress of the HMIS implementation since July 2004, including the engagement and participation of special populations such as domestic violence providers.
 - c. Describe any challenges and/or barriers the CoC have experienced implementing the HMIS since July 2004.
2. Describe in a brief narrative current and/or future strategies to implement the HMIS Data & Technical Standards (participation, data elements, privacy, security) and the CoC’s strategy to monitor and enforce compliance.
3. Counting Procedures
- a. Describe in a brief narrative the CoC’s methodology to generate an unduplicated count of homeless persons (e.g. in emergency shelters, transitional housing programs and living on the street). If the CoC is currently unable to generate an unduplicated count across all programs within the CoC, describe the strategy for achieving an unduplicated count in the future.
 - b. List the total number of duplicated and unduplicated client records entered during 2004 by all providers within the CoC

Total Duplicated Client Records Entered in 2004: _____

Total Unduplicated Client Records Entered in 2004: _____

4. HMIS Lead Organization Information:
Organization Name:

Contact Person:

Phone:

Email:

5. List the HUD-defined CoC name and number for each CoC in the HMIS implementation. If the CoC is part of a multi-CoC implementation, this information should be provided by the HMIS lead organization. (HUD-defined CoC names and numbers are available at www.hud.gov/_____.

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
Ex. District of Columbia	DC04-500		

Form HUD 40076 CoC-J page 2

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS) Instructions:

1a. **Planning Start Date** - CoCs can record approximate month and year to report on the planning start date, particularly if the planning process occurred a long time ago.

Data Collection Start Date – CoCs should provide the month and year that providers began entering data into the HMIS. If this is a multi-CoC HMIS implementation, this response should refer to the date providers within this CoC began entering data.

Bed Coverage – If the CoC has already achieved 75% bed coverage in a specific category, please record the approximate month/year that this occurred. If the CoC has not yet achieved 75% bed coverage in a specific category, please provide the month/year that the CoC anticipates that 75% bed coverage will be achieved. The responses to this question should be consistent with the detailed program information recorded in the Housing Activity Chart. A bed is “covered” if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as “covered”.

Bed coverage is calculated by dividing the number of “covered” beds by the total number of beds in that category. For example, if a CoC has two programs that each operate 50 emergency shelter beds and only one of the providers enters client data, then the current emergency shelter bed coverage is 50%.

Outreach and Non-housing Program Participation – The numbers in the first column represent the number of programs within the CoC in each of these categories that are entering client-level data in the HMIS. The percentages in the second column should be calculated by dividing the number of participating agencies by the total number of programs in that category that operate within the CoC. For instance, if two of the four outreach programs in a CoC are entering client-level data, then the CoC would enter “2” in the first column and “50%” in the second.

3b. If providers share basic client identifiers with each other for the purposes of searching for existing client records during initial intake, the duplicated and unduplicated counts may be the same. If basic client identifiers are not shared with other providers during the client search process, then the duplicated count represents the sum of all client records entered by each provider and the unduplicated count represents the total number of clients served within the CoC after duplicates between agencies are eliminated.

Form HUD 40076 CoC-J page 3

Exhibit 1: Continuum of Care: Project Priorities Chart Instructions

A priority ordering of all projects proposed for each community in the Continuum of Care strategy should be included on the Project Priority chart. The projects that communities rank as higher priorities will receive the most points under the “Need” criterion. If you do not provide a Project Priorities Chart in Exhibit 1, all proposed projects may lose up to 30 points of the 40-point Need total. There should be **only one project per line**. Projects submitted in response to the 2005 NOFA should fill gaps identified as priorities for funding as determined by your community’s gaps analysis.

1. In the **first column**, enter the name of the **applicant**, the entity that is responsible for the overall management of the grant. This entity becomes the grantee if the project is selected for funding. (*You must submit a SF-424*).
2. In the **second column**, enter the **project sponsor** that will carry out the project.
3. The **third column** is the **name of the project**.
4. The **fourth column** is the numeric priority that your Continuum of Care community has assigned to each project. For your convenience, this column has been pre-filled, with number 1 as the highest priority and number 12 as lowest. Please reproduce this **required** chart if you need additional space to accommodate more projects, renumbering as necessary.
5. In the **fifth column**, enter the requested amount of project funding for each project.
6. In the **sixth column**, enter the requested term of your project in years.
7. In the **seventh column**, enter the **component/type** of each project. Codes for the project components/type are:

SHP new and renewal—Transitional Housing (**TH**), Permanent Housing for Persons with Disabilities (**PH**), Supportive Services Only (**SSO**), Safe Haven/transitional (**SH-th**), Safe Haven/permanent (**SH-ph**), Homeless Management Information Systems (**HMIS**), and Innovative Supportive Housing (**IH**).

Shelter Plus Care new and renewal—Tenant-based Rental Assistance (**TRA**), Sponsor-based Rental Assistance (**SRA**), Project-based Rental Assistance (**PRA**), Project-based Rental Assistance with Rehabilitation (**PRAR**), and Moderate Rehabilitation Single Room Occupancy rental assistance (**SRO**).

8. At the bottom of the chart, fill in the total requested amount for the projects in the chart. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)
9. Place all Shelter Plus Care renewal projects as the last entries in the chart, continuing the numbering sequence. They are not “prioritized” with the other programs because they are being funded non-competitively.
10. The tiering of projects on your priority list is no longer permitted.

Form HUD 40076 CoC-K page 2

Exhibit 1: PRN Reallocation Chart Instructions and CoC Priorities Narrative

Column A: Identify the project number of each expiring SHP grant that will be reduced or eliminated;

Column B: Identify the program code of the grant to be reallocated;

Column C: Identify the component of the grant to be reallocated;

Column D: Identify each grant's Annual Renewal Amount. Verify these amounts with your HUD Field Office. **

Column E: Identify the amount that will be reduced from each grant's one-year amount;

Column F: Identify any retained amount from the existing grant by subtracting the amount in Column E from the amount in Column D. Any remaining amount in Column F can be renewed in the 2005 competition;

Column G: Identify the 2005 priority number given to each new project being created using Hold Harmless funding;

Column H: Identify the program of the newly created project. (SHP, S+C, Section 8 SRO)

Column I: Identify the component of the newly created project (PH, SH-ph, SRA, TRA, PRA, PRAR, SRO);

Column J: Identify the amount(s) being transferred from Column E for the respective project(s) identified in Column G.

Finally: To insure that the Continuum has completed this process correctly, the total of Column J cannot exceed the total of Column E.

****Note:** For the first time, Annual Renewal Amounts include the previously awarded administration funds; therefore no additional administration funds may be requested.

Continuum of Care Priorities Narrative Instructions

Having assessed the need in your community and having compared it to your existing Continuum of Care system, please provide the following:

- a. The sources you use to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed **(Check all that apply):**

Audit APR Site Visit Monitoring Visit Client Satisfaction

- b. Describe how each **new** project proposed for funding will fill a gap in your community's Continuum of Care system. *(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)*

NA

- c. Demonstrate how the project selection and priority placement processes for all projects were conducted **fairly and impartially**. In doing so:

- (1) Specify your open solicitation efforts for projects;
- (2) Identify the objective rating measures applied to the projects;
- (3) Demonstrate that participants on the review panel or committee are unbiased;
- (4) Explain the voting system/decision making process used;
- (5) If your CoC receives the hold harmless pro rata need amount and has used the reallocation process to free up PRN to create new projects, please explain the open decision making process used to reduce and/or eliminate projects;

- (6) If written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved;

Discussion about the Super NOFA and any potential projects was held at several LHCB/CofC meetings. HUD's website was shared. City/JCCOG staff offered assistance as well as offers of TA by the Iowa Coalition for Housing and Homelessness. Information concerning the three projects will be distributed at the May 11 meeting. Discussion will be held and questions answered. Priority voting will be done by written ballot with each member agency/individual having one vote. A JCCOG representative will tally the votes. There were no written complaints regarding the prioritization process during the last 12 months.

Form HUD 40076 CoC-K page 4

Exhibit 1: Continuum of Care Supplemental Resources

Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

- SSI SSDI TANF Medicaid Food Stamps
 SCHIP WIA Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Other (Please describe in 1-2 sentences.)

Form HUD 40076 CoC-L

Exhibit 1: CoC Project Performance - Housing and Services

This section will assess your CoC's progress in reducing homelessness by helping clients move to permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. For each area below (e.g., permanent housing), tally information from the APR most recently submitted for the appropriate RENEWAL project(s) on the 2005 Priority Chart. Note: If you are not submitting any renewals in this year's competition for one or more of the areas presented below check the appropriate box.

A. Housing

2. Transitional Housing. HUD will be assessing the percentage of all TH clients who move to a permanent housing situation. (SHP-TH, SHP-Safe Haven that is *not* identified as permanent housing, and SHP-Innovative renewal projects should all be included as transitional housing.) Based on responses to APR Question 14 from each of the above projects included on your Priority Chart complete the following:

Check here if there are no applicable transitional housing renewal projects.

Check here to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

a. What is the total number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination.) 19

b. What is the number of participants who left transitional housing project(s) and **moved to permanent housing**? 15

c. Of the number of participants who left transitional housing, what percentage moved to permanent housing? (b divided by a x 100 = c) 79%.

Form HUD 40076 CoC-M page 1

Exhibit 1. CoC Project Performance - Housing and Services Continued

B. Supportive Services

Mainstream Programs and Employment Chart. HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your Priority Chart complete the following:

Check here if there are no applicable renewal projects.

Check here to indicate that **all** non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
Example: 105	a. SSI	40	38.1%
105	b. SSDI	35	33.3%
105	c. Social Security	25	23.8%
59	a. SSI	3	5.1%
59	b. SSDI	0	0%
59	c. Social Security	2	3.4%
59	d. General Public Assistance	3	5.1%
59	e. TANF	21	35.6%
59	f. SCHIP	15	25.4%
59	g. Veterans Benefits	2	3.4%
59	h. Employment Income	42	71.2%
59	i. Unemployment Benefits	2	3.4%
59	j. Veterans Health Care	0	0%
59	k. Medicaid	26	44.1%
59	l. Food Stamps	39	66.1%
59	m. Other (please specify)	5	8.5%
59	n. No Financial Resources	2	3.4%

Column 1: Number of Adults Who Left. For each SHP and S+C renewal being submitted in this year's competition, use APR **Question 2C** (*Number who left the program during the operating year*). For **each** APR, add the *Number of Singles Not in Families* and the *Number of Adults in Families*. The total represents the number of adults who exited the project during the operating year. Add the totals from each renewal's APR to get the total number of adults in the CoC who left these projects during the operating year.

Column 2: Income Source. Income sources from the APR Question 11.

Column 3: Number of Exiting Adults with Source of Income. Using the information in each project's APR Question 11D (*Income Sources at Exit*), add the total number of adults who, upon exiting the project, had each source of income.

Column 4: % with Income at Exit. Divide Column 3 by Column 1, then multiply by 100 and round to the nearest first decimal place (e.g. 38.1%).

Form HUD 40076 CoC-M page 2

Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

HUD homeless program funding is limited and, therefore, can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals..

Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. *This entire chart will count as only one page towards the 30-page limitation*)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
	STAR	cash	Goodwill Industries	\$ 5,000
	STAR	Cash	Shelter House Community Shelter and Transition Services	\$101,750
	STAR	Mental Health Assessment, Referral, Outreach, Psychiatric Care	Community Mental Health Center for Mid-Eastern Iowa (CMHC)	\$ 21,632
	STAR	Food	Crisis Center	\$ 9,450
	STAR	Job Training	Crisis Center	\$ 8,160
	STAR	Job Training	Goodwill Industries	\$ 3,000
	STAR	Headstart Childcare	Hawkeye Area Community Action Program, Inc. (HACAP)	\$ 41,580
	STAR	LIHEP	HACAP	\$ 5,000
	STAR	Social work staff	Iowa City Community School District	\$ 5,000
	STAR	Transportation	Iowa City Community School District	\$ 7,200
	STAR	After school program	Iowa City Community School District	\$ 4,400
	STAR	Summer school scholarship	Iowa City Community School District	\$ 2,000
	STAR	Housing Choice Vouchers	Iowa City Housing Authority	\$120,786
	STAR	Shelter and services	Shelter House Community Shelter and Transition Services	\$ 60,000
	STAR	Supportive outreach for veterans who are homeless	Department of Veterans Affairs	\$ 20,000
	HACAP – HUD V	Childcare	HACAP Headstart	\$ 27,720
	HACAP – HUD V	Cash	HACAP Homeless Children Trust	\$ 2,225
	HACAP – THRA	Childcare	HACAP – Headstart	\$ 38,340
	HACAP – THRA	Cash	Homeless Children Trust	\$ 2,775
TOTAL				\$486,018

**Please enter the value of the contribution for which you have a written commitment at time of application submission.*

Exhibit 1: Continuum of Care Project Leveraging Chart - Instructions

Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2004 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. The **documentation will be required at Technical Submission** if a project is conditionally selected. If you **do not** have in hand at the time of application submission a written agreement for a contribution that will be used in your project, **do not** enter the contribution. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).**

1. In the **first column**, enter the project priority number.
2. In the **second column**, enter the name of the project.
3. In the **third column**, identify the type of contribution being leveraged by the proposed project. Types of contributions could include cash, buildings, equipment, materials, and services, such as transportation, health care, and mental health counseling.
4. In the **fourth column**, enter the name of the source or provider from whom the contribution is being leveraged. The contribution may be leveraged through Federal, State, local, or private sources, including mainstream housing and social service programs.
5. In the **last column**, enter the value of the contribution. Donated professional services should be valued at the customary rate; volunteer time should be valued at \$10 per hour. Donated buildings should be valued at their fair market value or fair rental value minus any charge to the SHP, S+C, or SRO program.
6. At the bottom of the chart, fill in the total amount. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)

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)

Form HUD 40076 CoC-N page 2