Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:
- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: IL-510 - Chicago CoC

1A-2. Collaborative Applicant Name: Chicago Alliance to End Homelessness, dba All Chicago Making Homelessness History

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Chicago Alliance to End Homelessness, dba All Chicago Making Homelessness History

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

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

The CoC's governance structure includes an elected Board of Directors, over 20 committees, a Service Providers Commission (SPC) & a Persons with Lived Experience Commission. The Board & committees have CoC Charter-mandated representation from the commissions, government, funders & other key stakeholders. The SPC is made up of organizations that represent a range of services vital to ending homelessness: mental health, substance use, youth services, domestic violence services, outreach, housing & health. The CoC solicits, considers & draws from the feedback and expertise within the community through its governance structure, e-newsletters, surveys, and feedback sessions/focus groups, as necessary. Ounce of Prevention, an early childhood education organization & Legal Council for Health Justice, a healthcare advocacy organization focused on homelessness, are CoC members. Each provides their expertise throughout various CoC Committees.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
SOS Children's Villages of Illinois	Yes	No	No
Teen Living Programs	Yes	Yes	No
The Night Ministry	Yes	Yes	No
Thresholds, Inc.	Yes	Yes	Yes
Youth Outreach Services	Yes	No	No
Puerto Rican Culture Center	Yes	No	No
Unity Parenting	No	Yes	No
A Safe Haven	No	Yes	No
New Moms	No	Yes	No
La Casa Norte	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member

or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Apna Ghar	No	No
Connection for Abused Women and Children	No	No
Family Rescue	Yes	No
Neopolitan Lighthouse	No	No
WINGS Metro	No	No
Catholic Charities	Yes	No
Chicago Metropolitan Battered Women's Network	Yes	No
Mujeres Latinas En Accion	No	No
KAN-WIN	No	No

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

Once determined the CoC will accept new projects, a request for proposals is distributed community-wide through the CoC that includes non-HUD funded entities; e-newsletters & CoC website. The CoC encourages non-HUD funded organizations to apply & become CoC members; join committees; & participate in an orientation which includes an overview of the CoC structure & HUD/local funding priorities. The CoC develops a scoring rubric to evaluate & select new projects regardless of current HUD funding. The rubric includes such components as: experience working with homeless sub-populations; organizational capacity; public grants experience; ability to address local goals to end homelessness; & demonstrate an effective start-up plan. An agency with no previously HUD CoC-funded project is asked to speak to similar experience. Projects chosen meeting CoC criteria, regardless of HUD funding experience, are included on the Priority Listing.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

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

The City of Chicago (owner of the Con plan) is actively involved with the CoC, the CoC's designated collaborative applicant (CA), & CoC Board of Directors. The City & CA serve as lead implementing agencies for Plan 2.0 under the direction of the CoC Board. The City (as ESG recipient) has designated seats on all committees per the governance charter. City staff participate in a minimum of six CoC committees that meet at least monthly for 2 hrs & one City staff sits on the CoC Board, which meets a minimum of bimonthly for 2.5 hrs. The City also leads or participates in Plan 2.0 initiatives that entail emails, planning meetings & phone calls totaling at least 20 hours/week. The CEO of the CA serves on the City's Community Development Advisory Committee, representing the CoC, which serves in an advisory capacity to the City on policy issues related to the Con Plan, Annual Action Plan, CDBG, ESG, HOME & HOPWA. CDAC held 5 public meetings for the development of Chicago's 2015-19 Con Plan.

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

The CoC provides PIT & HMIS data for the development of Con Plan & CAPER. The City (ESG Recipient) & CoC established standard performance measures for the program models consistent with the Plan to End Homelessness (inclusive of ESG funded models). These standards are approved by the CoC Board. Each program model has performance measures that contribute to broader HEARTH system performance goals. The City uses these measures in contracts/scopes for ESG sub recipients. The HMIS Lead reviews HMIS data quality performance of all CoC & ESG programs. The Chicago Dept. of Family & Support Services incorporates HMIS compliance & program performance into monitoring & funding application review criteria for ESG-funded programs. The City & Collab. App. release a quarterly system performance dashboards to the CoC which is reviewed by the CoC's System Performance and Evaluation Committee. The CoC may comment on ESG funding through the public comment process for the Annual Action Plan.

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

The CoC works with the Chi. Battered Women's Network on coordinated entry to incorporate the City's 24-hr DV Help Line (HL) & its safety/security protocols for referrals to victim service providers (VSP) & non-victim service providers (NVSP). The HL is the source for referrals for victims of DV by VSPs & NVSPs. The HL makes direct transfers to 30 VSPs funded by the CoC, ESG, DOJ, HHS, IL DHS, Atty. General & IL Crim. Justice Authority that provide housing, counseling, court advocacy, children's services & 500+ NVSPs. The HL uses de-identified info in its database. Callers are assigned a unique ID so that no personal info is collected/used in referrals. If a victim seeks shelter through the homeless system, the CoC's referral process includes universal screening questions & referrals to a DV advocate. VSPs report aggregate info & programs that use HMIS for referrals use secure alt. methods like encrypted email/fax for victims of DV. NVSPs follow HMIS protocol for identified DV victims.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Chicago Housing Authority	8.00%	Yes-HCV

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

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

The CoC has additional subsidized and low-income housing opportunities that target persons experiencing homelessness, primarily through the HUD VASH program through Jesse Brown VAMC and the Chicago Low Income Housing Trust Fund. JBVAMC has a portfolio of more than 1,000 VASH Vouchers and the CLIHTF dedicates 1,392 subsidies to persons experiencing homelessness. 95 are specifically dedicated to chronically homeless individuals transitioning from the street to housing and an additional 54 are dedicated to homeless Veterans who may not be eligible for VA housing programs. Additionally, the

Chicago City Council recently passed an ordinance dedicating an Air Bnb surcharge to housing & services for homeless families and chronically homeless households. This surcharge is expected to produce approximately $2 million for the 2017 budget.

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

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	
No strategies have been implemented	
Other:(limit 1000 characters)	
2016, Mayor Rahm Emanuel created an interagency Task Force to Reduce Homelessness. Comprised of the heads of all city agencies that touch homlessness in some way, the task force focuses on increased coordination among departments on city practices such as cleaning sidewalks around encampment locations that impact residents living in public spaces. Through the Task Force, city departments have reviewed pending policy changes and discussed strategies to limit restrictions on homeless residents while ensuring public safety for all Chicagoans.	X
The HMIS Committee of the CoC developed policies that actively safeguard the civil rights of individuals in shelters. Current HMIS policy requires the nondisclosure of information about individuals in the HMIS database to local law enforcement agencies.	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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

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

Not applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

Chicago's CE process utilizes a Standardized Housing Assessment which incorporates Vulnerability Index (VI) tools for individuals, families & youth into a broader assessment that follows a decision tree to help match households to the appropriate housing resource. Mobile outreach teams assess individuals & families on the street who may not have access to the system's entry points: community centers, Homeless Prevention Call Center, Central Referral System & shelters. Households receive an assessment score & are matched via HMIS or CRS to a housing resource based on the score. Those with the highest needs & chronic homelessness are prioritized for PSH; mid-range scores match households to TH or RRH; & low scores are matched to homeless prevention or diversion programs. Housing navigators assist the highest need households to the matched PSH provider to ensure timely housing placement.

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

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X	X	X		
CDBG/HOME/Entitlement Jurisdiction	X	X	X	X			
Law Enforcement	X	X					
Local Jail(s)	X						
Hospital(s)	X	X		X	X		
EMT/Crisis Response Team(s)		X		X			
Mental Health Service Organizations	X	X	X	X	X		
Substance Abuse Service Organizations	X	X	X	X	X		
Affordable Housing Developer(s)	X	X	X	X			
Public Housing Authorities	X	X	X				
Non-CoC Funded Youth Homeless Organizations	X	X	X	X			
School Administrators/Homeless Liaisons	X	X					
Non-CoC Funded Victim Service Organizations	X	X	X	X			
Street Outreach Team(s)	X	X	X	X	X		
Homeless or Formerly Homeless Persons	X						
Private Funders	X						

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	164
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	9
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	155
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:

Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None:	

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

The CoC prioritized projects primarily based on an average of 2015-2016 local Evaluation scores. The Evaluation scored all renewal projects on their ability to serve specific populations with high severity of needs and vulnerabilities, such as chronically homeless individuals and families, as well as youth heads of households and those with disabilities. The PSH projects were also scored on participation in the Central Referral System (CRS), which prioritizes referrals based on history of high utilization of emergency services, length of time homeless, and vulnerability. CRS ranks specific target populations as well. Projects were also scored on the extent to which they utilize the Housing First approach and their ability to serve participants with high severity of needs with few barriers to obtaining and retaining housing.

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

-Local Evaluation (review) process: announcements, instructions, and deadlines were made available on the CoC website, through the E-newsletter, and through direct listserv to CoC funded agencies on 1/29/16. Final Evaluation scores were sent to each agency on 4/7/16. The Final Evaluation Report was presented to the System Performance and Evaluation Committee on 7/8/16.
-HEARTH Funding Opportunities Task Group (Ranking): Presented reallocation and funding recommendations to the CoC Board on 7/25/16; FY16 Ranking policies were presented and approved by the CoC Board on 8/17/16
-Final Ranking and selection criteria, including meeting minutes, were posted to the CoC website on 8/30/16.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).	09/13/2016
1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)	Yes
1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)	08/09/2016
1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?	Yes

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

Instructions

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

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

The CoC monitors performance through the annual Evaluation process, within which the CoC addresses minimum thresholds for funding consideration; consumer focus; project operations; HMIS data quality; leading practices; system priorities; & project performance. Projects are assessed on a multitude of capacities including: APR submission, bed utilization, drawdown of funds, level of match, alignment with local priorities & housing first, & compliance with the CoC Interim Rule. Performance is based on outcomes set in the local Program Models Chart & is calculated using HMIS data. Performance measures address: housing stability & retention; placements in PH; & income and mainstream benefit outcomes. Projects were scored on a 94 point scale, with 32 points for performance. The Collaborative Applicant also conducted 6 site visits in 2015, & will conduct a site visit with 10 low scoring agencies in 2016. Agencies receiving a site visit receive TA from the CA in collaboration with the CoC.

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.	Yes
2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.	pages 41 - 43 of the CoC Governance Charter
2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.	Yes
2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?	Yes
2A-4. What is the name of the HMIS software	ServicePoint

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

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

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$324,565
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$324,565

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	$112,000
County	$0
State	$0
State and Local - Total Amount	$112,000

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$120,000
Private - Total Amount	$120,000

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-2.6 Total Budget for Operating Year	$556,565

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

Instructions:

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

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

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,687	15	1,633	97.67%
Safe Haven (SH) beds	41	0	41	100.00%
Transitional Housing (TH) beds	3,741	222	3,321	94.37%
Rapid Re-Housing (RRH) beds	595	0	595	100.00%
Permanent Supportive Housing (PSH) beds	9,393	0	6,779	72.17%
Other Permanent Housing (OPH) beds	166	0	66	39.76%

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

PSH: Since the HIC in January 2016, we have added almost 900 PSH beds funded by the Veterans Administration and are continuing to work with them to add more. As we expand the implementation of Coordinated Assessment with HMIS, we hope to work with other PSH providers not already using the system find the benefits of using it. We anticipate through the Coordinated Entry process to bring youth,faith based and other PSH (approx. 432 beds) plus CHA VA-VASH beds (approx. 1875) that are currently not reported in HMIS.

OPH: Over the next 12 months, the City of Chicago hopes to to work very closely with the Chicago Low-Income Housing Trust Fund (CLIHTF) to encourage participation in HMIS. Through the coordinated entry process we hope to get the HOPWA programs to participate and enter into HMIS. A large percentage of the (OPH) beds include those dedicated to persons who experience domestic violence and hence may continue to have a low coverage rate.

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

VA Grant per diem (VA GPD):	
VASH:	X
Faith-Based projects/Rescue mission:	X
Youth focused projects:	X
Voucher beds (non-permanent housing):	
HOPWA projects:	X
Not Applicable:	

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

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	3%	6%
3.3 Date of birth	3%	0%
3.4 Race	5%	1%
3.5 Ethnicity	3%	0%
3.6 Gender	3%	0%
3.7 Veteran status	3%	0%
3.8 Disabling condition	1%	1%
3.9 Residence prior to project entry	1%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	4%	4%
3.15 Relationship to Head of Household	9%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	6%	0%

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

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

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

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

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
None:	

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

NA

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

Instructions:

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

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

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?	Yes
2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)	01/26/2016
2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?	Not Applicable
2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)	05/02/2016

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

Instructions:

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

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

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

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

HMIS:	
HMIS plus extrapolation:	
Interview of sheltered persons:	
Sample of PIT interviews plus extrapolation:	X

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

Chicago has conducted complete census counts in shelters (all HUD and City with some privately funded) and interviews of 10% of the beds via paper forms since 2007. In 2016, providers were trained to use HMIS to report a point in

time count (PIT) and conduct the paper submission. Results show that most shelters matched the data collected from the forms. However, there were discrepancies that prevented use of the data for HDX submission. In 2017, Chicago will again train shelters to use HMIS for the PIT. Chicago will also continue to conduct a complete paper census and interview process in shelters. Understanding the causes of homelessness in the sheltered population will help shape the prevention strategies to avoid homelessness.

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

Chicago has been working with providers to extract accurate PIT count data from its HMIS. Some discrepancies in 2016 among a limited number of shelter providers caused Chicago to revert to the data collected from its paper census. The only change in 2016 was the modification of survey questions concerning the number of episodes and duration of homelessness. The survey asks how long the person has been homeless currently and the number of episodes in the past 3 years equaling 12 months. The questions are primarily multiple-choice to allow the interviewer the opportunity to engage with the homeless person where they may ascertain if the person is homeless for the first time or how many times and if there were multiple episodes to combine the duration to determine the total length of time. In conjunction with other questions on the survey regarding disability, etc., the classification of chronic homelessness is determined.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

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

In 2016, three projects closed operations. Two privately funded shelters declined participation. Both the CoC and DFSS could not persuade them the importance of participation; however, they cited reduced funding and lack of personnel after hours as reasons for declining. The providers do not participate in HMIS and declined volunteer assistance to count that night. And finally a privately funded project converted to a transitional housing project without notifying DFSS or the CoC and did not participate.

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

Instructions:

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

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

Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

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

Chicago always seeks to improve data quality through better training or implementation methods. In 2016, Chicago provided mandatory training to all shelter providers that would participate on the night of the PIT. Training content and materials were reviewed and updated. Along with training on the paper census, Chicago provided both in-person and on-line training for HMIS users on PIT data reports. In 2017, providers will receive HMIS training on the PIT report with sufficient lead time to address those shelter providers that input inaccurate data. Chicago anticipates after 2017, the interviewing of persons in the shelters will be the only part of the paper process that will remain.

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

Instructions:

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

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

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?	Yes
2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):	01/26/2016
2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?	Not Applicable
2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):	05/02/2016

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

Instructions:

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

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

Night of the count - complete census:	X
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	
HMIS:	

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

Chicago conducts a complete canvas with special teams that cover known locations during the PIT. Further, the airports, parks, and public transit are covered. From dusk on the night of the PIT to next day, a series of teams and youth drop-in centers are counting homeless youth. All homeless that can be approached and consent, participate in a survey. Otherwise, those seen or encountered, but not surveyed are tallied. The survey responses are used to extrapolate characteristics to the total number of homeless counted. Most urban areas are unique, and Chicago strives to ensure that all areas are canvased. It requires over 100 personnel and 300 volunteers to conduct the count. This is especially important because high density areas and encampments tend to move around from year to year. The support from providers and volunteers enables Chicago to track trends of homelessness from area to area over time.

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

In 2016, Chicago continued its proven method of conducting a complete canvas of the city. Chicago has a unique 24-hour public transit system that for years many homeless have used for shelter. Previously, count teams have searched the buses and trains, boarding and exiting along the lines, for homeless riders. Many teams had to guess about whether some were homeless. The number counted was then extrapolated to the cars that were not searched. Despite the sound methodology of counting homeless persons, this did not capture the riders using the system for shelter. In 2016, transit teams covered the lines later and at the end of the routes. There, those that exited and reboarded the train were counted as homeless riding the system for shelter versus transportation. This method ensured that those counted were indeed homeless and not duplicated by teams counting those that exited the system along the line out into the street. This count required no extrapolation or estimating.

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

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

N/A

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

Instructions:

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

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

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey questions:	X
Enumerator observation:	X
None:	

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

Chicago always strives to improve the PIT process. All volunteers received training on the night of the PIT and were given handbooks with instructions to which to refer while conducting the count. New in 2016, were the revised questions on chronic homelessness in the survey. More time during the training was devoted to the questions. Chicago also continued to build relationships with its many colleges and universities to recruit volunteers among staff and students. In conjunction with repeat volunteers, these relationships ensure that Chicago recruits 300 or more volunteers which are necessary to cover the

entire city limits.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	6,786	5,889	-897
Emergency Shelter Total	1,556	1,470	-86
Safe Haven Total	39	39	0
Transitional Housing Total	3,136	3,137	1
Total Sheltered Count	4,731	4,646	-85
Total Unsheltered Count	2,055	1,243	-812

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	16,816
Emergency Shelter Total	7,908
Safe Haven Total	45
Transitional Housing Total	9,966

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

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

(limit 1000 characters)

The CoC relies on HMIS data, Chicago's Homeless Prevention Call Center (HPCC) intake forms, interviews with program participants & lived experience to identify risk factors for becoming homeless. We had confirmed in an August 2016 Science article that our citywide hotline has had considerable impact those facing homelessness & that emergency financial assistance successfully prevents homelessness. The article noted that 76% of individuals who called the HPCC & received assistance from one of three pots of public & private funds were less likely to enter a shelter within six months of calling & significantly less likely to become homeless a year after their initial call. All CoC members are made aware of these funds; 36 CoC members administer the funds. Finally, we implemented diversion for families entering the shelter system. Since its inception in 2015, Catholic Charities has diverted 37% of families they've assessed. This will be scaled up as coordinated entry continues to expand.

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

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

The Chicago CoC succeeded in reducing the length of homelessness in the City of Chicago. Our success is attributable to dedicating RRH units to veterans and families, creating 255 new PH beds, implementing CSH's Navigation Services & adopting recommendations from the Coordinated Entry Steering Committee & prioritizing PSH placements for those experiencing chronic homelessness. We have better data about ESG and CoC projects. Through HMIS we can now see where the longest stays are & exits from the system. This data is regularly reviewed by various CoC committees where system-wide recommendations are formulated and moved to the Board for approval. The CoC participates in the USICH DOEH Initiative and actively engages with the local VA, PHA & landlords of multi-family units. Our Zero: 2017 Initiative is addressing needs of "long-term stayers" in shelters & interim housing programs. The City is engaging 42 hospitals to share data, assist with bridge units & fund managed care services.

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

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

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	8,211
Of the persons in the Universe above, how many of those exited to permanent destinations?	3,609
% Successful Exits	43.95%

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	6,984
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	6,608
% Successful Retentions/Exits	94.62%

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

The Chicago CoC demonstrated success in reducing return to homelessness rates at six & twelve-month markers. We accomplished this by fully adopting a revised Programs Model Chart that requires all PSH, TH & RRH to input outcomes in HMIS quarterly. We continue to rely on the City of Chicago's financial investment in intensive case management services for vulnerable families in the shelter system. Through presentations at CoC meetings, we have shared best practices and learnings from 3 Initiatives (Ending Veteran's Homelessness, Zero:2017 & Chronic Homeless Project) about how to use coordinated access & diversion tools to ensure households are connected appropriately to housing program types & services. Using findings from quarterly dashboards & annual APRs drawn from HMIS data, CoC committees will begin to determine where individuals and families were before an episode of homeless occurred to better assess appropriate intervention strategies for every point in the Continuum.

3A-6. Performance Measure: Job and Income Growth.

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

The CoC's Employment Task Group (ETG) is dedicated to improving access to employment opportunities for homeless individuals. Strategic efforts include: creation of social enterprises within agencies to employ the hardest to place individuals, development of a cross-systems asset map for workforce & homeless service provider use; identification of employment models that have high rates of success for homeless job seekers & identification of providers of & funding for such models. The CA partnered with TA providers from SAMHSA to offer 2 workshops for CoC members & government representatives from the Chicago region on how to fully utilize SOAR—60 participants attended. ETG is currently developing trainings for consumers related to working & maintaining mainstream benefits. These interventions are yielding results. Since 2013, Chicago has seen an overall increase, between 6 and 9%, in both jobs and employment income & non-employment cash benefits for homeless individuals and families.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

The CoC's Employment Taskforce (ETG) is charged with increasing the number of individuals that exit the homeless services system with employment income. The Chicago Cook Workforce Partnership (one stops), Chicago Jobs Council (70 workforce development member organizations), Heartland Alliance (National Center on Employment and Homelessness) & City of Chicago (DFSS Delegate Agencies) are all members of ETG & are significant entities within the local workforce system. The work has resulted in: the ETG providing input on The Chicago Cook Partnership data collection on housing, and the provision of recommendations for local WIOA implementation on three topics (priorities of service, appropriate services for individuals experiencing homelessness; & data and performance measures). In a 2016 survey, the ETG found 67% of projects reported a referral relationship with a mainstream workforce agency.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

The 2016 PIT included a complete canvas of the city using census tracts as an inventory. Nine site areas for volunteers and a command center of special teams covering known locations was used. Known locations were developed with input from the City's Homeless Outreach Program (HOP), street outreach providers, 311 Center data, and aldermanic offices reports. Specialized teams included HOP staff and street outreach providers. Assignments were based on where they work. Service providers collect data internally to identify and track unsheltered persons and are required to enter data into HMIS. During the PIT, one team was assigned to an encampment location that has grown over the

past year. DFSS started a pilot program at that site which includes a one-list of persons, assessments and efforts to quickly house them. The Zero 2017 initiative will use the pilot for creating a one-list of chronic unsheltered and develop prioritization processes to quickly shelter or house those identified.

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

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)

N/A

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)	08/09/2016

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

N/A - Chicago CoC was able to submit by the deadline.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

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

		2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		1,066	343	-723
Sheltered Count of chronically homeless persons		389	110	-279
Unsheltered Count of chronically homeless persons		677	233	-444

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

N/A

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

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	2,193	2,448	255

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

The Chicago CoC increased in 255 CH dedicated beds. Through various funding sources, 84 of the 255 were new beds added to the system during the 2015-2016yr. In the 2016 HIC, the CA provided additional trainings types and expanded the scope of trainings(e.g recorded webinars and in-person trainings) for agencies. The HIC survey also provided additional guidance regarding the CH dedicated beds. The CA also followed up with all agencies that reported CH dedicated beds in 2015 & 2016 to ensure agencies were aware of the CH classification. Due to this, the Chicago CoC was able to correctly classify an additional 171 beds. Chicago is also committed to the Zero:2017 and has worked closely with HMIS and housing providers to assist CH individuals/families be placed quickly into housing. The Chicago CoC is committed to implementing strategies to end CH homelessness and has recently adopted a policy where all HUD CoC PSH funded projects prioritize their turnover units to CH individuals/families.

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

Yes

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

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

This question will not be scored.

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

The CoC Board adopted a policy that all PSH projects prioritized turnover units beginning with their FY 2016 grants. The CoC has developed a By-Name-List to track all known chronically homeless individuals and families. The CoC has met with local HUD officials to help develop policies on how to use HMIS data as homeless documentation to help with efforts to expedite referrals into PSH projects.

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

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

Instructions:

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

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

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

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
N/A:	

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

Families are assessed & directed to the RRH program(funded thru various funding sources e.g ESG, HUD CoC, SSVF). A common assessment tool is completed & referrals to the RRH Program are made via HMIS except for DV(use secure fax/email). There are 9 RRH&SSVF programs that serve homeless families. A quarter of these programs are specifically dedicated to serving homeless families. During FY2016, Chicago had 4 HUD CoC projects converted to RRH(increase of 191 units). All projects follow the housing first approach. Families are assessed using the Family VI in the Central Referral System(current application for PSH). The CoC is transitioning the assessment tool for all housing resources to HMIS to allow for a standardized tool to quickly match families to the right resource. The Coordinated Entry System will have navigators to support vulnerable families thru the housing process & system coordinators to ensure collaboration btwn housing, outreach & shelter teams working w/ families.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	254	393	139

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

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

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

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	684	663	-21
Sheltered Count of homeless households with children:	677	661	-16
Unsheltered Count of homeless households with children:	7	2	-5

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

N/A - Chicago has not seen an increase or change. Chicago has seen a decrease in the total number of homeless households with children in the 2016 PIT Count.

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

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

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

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

N/A:	☐

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

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
	☐
	☐
N/A:	☐

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	957	3,747	2,790

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

NA

3B-2.9. Compare funding for youth homelessness in the CoC's geographic

area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$4,199,832.00	$4,199,832.00	$0.00
CoC Program funding for youth homelessness dedicated projects:	$2,501,763.00	$2,501,763.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$1,698,069.00	$1,698,069.00	$0.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	24

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

The CoC's City of Chicago Task Force on Homeless Youth collaborates with the Chicago Public Schools (CPS) Students in Temporary Living Situations(STLS) Program and the Illinois State Board of Education (ISBE) Homeless Education Program. CPS operates as the lead McKinney-Vento Liaison for Area 7 in the state of Illinois. The Task Force meets quarterly whereas the youth housing and service providers attend along with the LEA's. The Task Force engages in work regarding education, employment,child welfare,& housing. An Education Working Group, a sub-committee of the Task Force, also meets quarterly to work on providing specialized resources for students in a housing crisis and identify and develop best practices between all parties including homeless liaisons from pre-school/head start, elementary, high school, and colleges. The collaboration works to provide comprehensive services and innovative programming to prevent homeless youth from becoming the next generation of homeless adults.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)

The Chicago CoC works with its youth and educational partners through meetings and trainings to ensure homeless participants are informed and receive educational services. The CoC policy is in alignment with the federal, state, and local school district. The homeless service providers are required to follow the McKinney-Vento Act (Section 725) that defines “homeless youth and children”. The Chicago Public Schools (CPS) Students in Temporary Living Situations (STLS) program provides oversight and obligation to ensure that every students/unaccompanied youth is immediately enrolled in school in Chicago. Children that have been identified as homeless has the right to remain at the school of origin, be provided transportation, have access to early childhood, pre-school, headstart, or special education services, participate in after-school activities,& school fees should be waived. All homeless service providers are required to follow the policies and procedures that are in writing, posters, brochures, and discussed at trainings. A close working relationship with the homeless service providers, the CoC, and homeless education liaisons and clerks at the school level is critical to meeting the educational support services needed by homeless families. Families are screened during the intake process into programs to see if educational services are needed. Training is provided to the Cook County Juvenile Temporary Detention Center to ensure students are supported upon their release and to continue their education received at the Nancy B Jefferson Alternative School (School within the confines of the detention center). Outreach and training is also provided to providers who work with foster children and the Illinois Department of Children and Family Services.

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

The CoC is a partner with Chicago’s Department of Family and Support Services. The children services division is dedicated to helping Chicago's youngest residents make the most of their lives and potential. DFSS manages Head Start, Early Head Start, child care, and youth programs throughout Chicago and have agreements with organizations that are part of the continuum. They work on behalf of families to ensure they receive quality programming and have access to childcare. The CoC also partners with Chicago Public Schools; it has public pre-K and an Early Childhood program within the schools and a community partnership program. The Community Partnership Program (CPP) collaborates with organizations throughout the city to provide quality early childhood programs to children and families in Chicago. This program includes an early childhood home visiting program along with the age range of birth to five years of age.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	752	601	-151
Sheltered count of homeless veterans:	346	399	53
Unsheltered count of homeless veterans:	406	202	-204

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

The overall change in the number of homeless Veterans in 2016 is a decrease of 151 with a decrease of 204 Veterans in the unsheltered count. However, the sheltered count increased by 53 Veterans in 2016. Because of the significant reduction of unsheltered Veterans, we believe that with the development of our coordinated entry system -- the system is more effectively identifying, assessing and offering shelter to Veterans. Veterans who may not have known about shelter options or believed they weren't eligible now have updated information and outreach workers who can assess them quickly.

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

The CoC works with Jesse Brown VAMC & SSVF through its Ending Vet Homelessness Initiative. All outreach staff (VA & CoC) utilize a common assessment tool in HMIS to screen Vets for eligibility for VA services, including VASH & SSVF, by asking about mil. service. In 2016, the CoC also screened Vets during the PIT. Vets engaged overnight may go to the VAMC Emergency Dept, where they are connected to CRRC for assessment/shelter/GPD placement. Skilled assessment teams are paired with ES so all Vets entering shelter are assessed. HMIS & the VA's SQUARES program confirm Vet status. Confirmed Vets are placed on the by-name list, prioritized using the CoC's prioritization standards, & matched to VASH/SSVF if eligible. Eligible Vets are only matched to non-VA services & housing when resources are unavailable or they prefer not to connect with the VA. A Vet System Coordinator matches Vets to housing daily & holds weekly system-integration teams with VA & non-VA agencies to coordinate plans.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	527	601	14.04%
Unsheltered Count of homeless veterans:	125	202	61.60%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.

No

This question will not be scored.

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

The CoC has made major progress toward ending Veteran homelessness since 2015 by building a coordinated entry system that relies on coordination between the VAMC, VA-funded projects and CoC projects that have prioritized outreach and housing for Veterans. The CoC has garnered additional resources for

Veterans including a $100,000 emergency fund for Veterans and landlords and 450 housing choice vouchers for Veterans. We continue to struggle with housing affordability, even with subsidies, and rental inventory in communities where Veterans wish to live. We also continue to work with our TA from Zero:2017 on implementing system changes with GPD programs and addressing the inflow of Veterans into our system.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	165
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	165
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

Health insurance enrollment largely fell to navigators funded through Get Covered Illinois and Illinois Department of Public Health. With significant decreases in available funding for outreach and marketing, the number of CoC members receiving grants for this purpose also decreased. Information about open enrollment was shared in the Collaborative Applicant's monthly newsletter circulated to CoC members and in Lived Experience and Service Provider Commission meetings. Providers continued to report health insurance enrollment rates of clients in HMIS; there was a slight increase in 2015. Of the

11,592 clients reported to have some form of insurance in HMIS between the periods of October 2014 and September 2015, 91% reported being enrolled in MEDICAID. In addition to data collection, Chicago continues to be actively enrolled in HUD's H2 Initiative where great strides have been made in working with managed care partners to address chronic homelessness.

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

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Provide managed care assistance	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

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

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

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	166
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	166
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

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

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	166
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	166
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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

Direct outreach and marketing:	X

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

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

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	254	595	341

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

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

No for question 4B-5: N/A

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

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

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

No for question 4B-7: N/A

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

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

No for question 4B-8: N/A

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

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

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	x
Data reporting and data analysis:	
HMIS:	x

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

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

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS	11/20/2015	5
Coordinated Entry	12/07/2015	3
Employment	12/07/2015	1

4C. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	2016 CoC Consolid...	09/13/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	2016 CoCConsolida...	09/14/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re...	09/13/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	1F-3. CoC Ranking...	09/13/2016
05. CoCs Process for Reallocating	Yes	1F-5. Reallocatio...	09/14/2016
06. CoC's Governance Charter	Yes	2A-1. Chicago CoC...	09/12/2016
07. HMIS Policy and Procedures Manual	Yes	Chicago HMIS Stan...	08/31/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	1C-4. CHA Limited...	08/29/2016
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	CoC - HMIS MOU	08/31/2016
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/13/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	Chicago SPM 2016	08/31/2016
14. Other	No		
15. Other	No		

Attachment Details

Document Description: 2016 CoC Consolidated Application: Evidence of the CoC's Communication to Reject Projects

Attachment Details

Document Description: 2016 CoCConsolidated Application Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: 1F-3. CoC Ranking Notification & Posting

Attachment Details

Document Description: 1F-5. Reallocation&NewProjects

Attachment Details

Document Description: 2A-1. Chicago CoC Governance Charter

Attachment Details

Document Description: Chicago HMIS Standard Operating Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: 1C-4. CHA Limited Homeless Preference Support Docs

Attachment Details

Document Description: CoC - HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Orders of Priority pgs.16-19

Attachment Details

Document Description:

Attachment Details

Document Description: Chicago SPM 2016

Attachment Details

Document Description: Final FY16 GIW HUD approved

Attachment Details

Document Description: FY16 Con Plan Certification

Submission Summary

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

Page	Last Updated
1A. Identification	08/11/2016
1B. CoC Engagement	09/12/2016
1C. Coordination	09/14/2016

1D. CoC Discharge Planning	08/14/2016
1E. Coordinated Assessment	08/27/2016
1F. Project Review	09/13/2016
1G. Addressing Project Capacity	09/13/2016
2A. HMIS Implementation	08/11/2016
2B. HMIS Funding Sources	08/25/2016
2C. HMIS Beds	09/13/2016
2D. HMIS Data Quality	09/06/2016
2E. Sheltered PIT	08/25/2016
2F. Sheltered Data - Methods	09/13/2016
2G. Sheltered Data - Quality	09/12/2016
2H. Unsheltered PIT	08/19/2016
2I. Unsheltered Data - Methods	08/15/2016
2J. Unsheltered Data - Quality	09/13/2016
3A. System Performance	09/13/2016
3B. Objective 1	09/13/2016
3B. Objective 2	09/13/2016
3B. Objective 3	09/13/2016
4A. Benefits	09/02/2016
4B. Additional Policies	08/31/2016
4C. Attachments	09/14/2016
Submission Summary	No Input Required