

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) PA-605 - Erie City & County CoC

Collaborative Applicant Name: County of Erie

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Erie City & County CoC

How often does the CoC conduct open meetings? Bi-monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

The invitation is on our website and mailing to all interested parties are sent out. Individuals or people associated with agencies are able to call anyone on the Home Team and asked to be included in the mailing for the meeting. We also have a Membership Committee that actively seeks out willing participants for our meetings and committee group meetings.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	Yes
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

The written agenda is prepared by the Executive Committee and mailed out to all Home Team members. The centralized intake is a no-wrong-door policy where people are able to access the homeless delivery system at any point. People are assessed on what they need to resolve their homeless situation and referrals are made to ensure that people are getting to where they need to be. The ESG monitoring is a function of our City of Erie partners and they conduct site visits at all the agencies assisted. The County receives ESG as a competitive grant through the state and we also conduct on site visits to recipient agencies. Results of the monitoring are presented to the full Home Team.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Children & Youth	Obtain and maintain services for children and working to develop a homeless shelter for youth.	Monthly or more
Gaps & Information	Conducts the SPIT and unsheltered homeless count. Ensures that HMIS is compliant with all HUD rules and regulations. Makes recommendations about new projects to fill gaps identified in the SPIT. Ensure participants are accessing mainstream resources.	Monthly or more
Housing	Partners with local non-profits to create new housing options. Exploring collaborative housing projects among Home Team members to create housing on our own and not wait for HAs or non-profits.	Monthly or more
Education & Outreach	Maintains website. Informs general public about issues of homelessness. Public relations to get the word out about success stories and needs for agencies.	Monthly or more
Membership	Constantly looks for new members and partners. Creates the slate of officers and committee chairs for Home Team.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters)

We have a Selection Committee not listed above that meets one time a year to review, score, and rank submitted projects for inclusion in the HUD application.

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector

Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	2	3	1	2	2	1	1

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	1	3	1	1	1	1	1
Substance abuse	1	3	1	1	1	1	1
Veterans	1	3	1	1	1	1	1

HIV/AIDS	1	3	1	1	1	1	1
Domestic violence	1	0	1	1	1	1	1
Children (under age 18)	1	1	1	1	1	1	1
Unaccompanied youth (ages 18 to 24)	1	1	1	1	1	1	1

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	1	3	1	1	1	1	1
Authoring agency for consolidated plan	0	1	0	0	0	1	0
Attend consolidated plan planning meetings during past 12 months	1	3	1	2	2	1	1
Attend consolidated plan focus groups/public forums during past 12 months	0	2	1	1	1	1	1
Lead agency for 10-year plan	0	1	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	3	1	1	1	1	1
Primary decision making group	0	2	0	0	0	0	1

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	2	8	3	1	18	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	6	1	1	9	0
Substance abuse	0	6	2	1	7	0
Veterans	0	1	1	1	3	0
HIV/AIDS	0	0	0	0	1	0
Domestic violence	0	0	3	1	4	0
Children (under age 18)	0	1	1	1	1	0
Unaccompanied youth (ages 18 to 24)	0	5	1	1	8	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	0	7	3	0	11	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	4	1	1	8	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	2	1	0	5	0
Lead agency for 10-year plan	0	0	0	0	0	0

Attend 10-year planning meetings during past 12 months	0	3	1	0	5	0
Primary decision making group	0	1	1	0	7	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.
 Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	1	1	1

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	1	1	1
Substance abuse	1	1	1
Veterans	0	1	0

HIV/AIDS	1	0	1
Domestic violence	1	1	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	1	1	1

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	1	1	1
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	1	1	1
Attend consolidated plan focus groups/ public forums during past 12 months	1	1	1
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	1	1	1
Primary decision making group	0	1	0

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): g. Site Visit(s), m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, h. Survey Clients, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, b. Review CoC Monitoring Findings, a. CoC Rating & Review Committee Exists, e. Review HUD APR for Performance Results, d. Review Independent Audit, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

Our CoC has a selection committee that was started to review new applications. The Committee meets one time during the year to score and rank the projects. We ask project agencies to present a brief overview of project. Questions and answer period. Committee reviews monitoring from last year and HUD any findings. Reviews the audits submitted to County. All APRs are presented to committee and reviewed and recommendations made to strengthen project performance. CoC meetings are at different agencies and County conducts on site monitoring and reports to committee.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The request for proposals are advertized in different venues. The process usually starts with an agency contacting the County. The County provides technical assistance for the new applicant to complete the RFP. Applications are reviewed by selection committee. Feedback is provided by phone and in person by County to work with applicant to improve quality of application. To date (14 years) there has been only one application that was not submitted to HUD for funding. That application was withdrawn by applicant because of the rules and regulations surrounding government funding (applicant believed they couldn't comply).

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

N/A

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters)

We recently started an overflow shelter that will be open from Thanksgiving to mid March. Our shelters are finding it more difficult to access permanent housing for those in shelter and are often at capacity. The overflow shelter is designed fill this need when the weather in northwestern PA turns cold. The capacity is 30 beds but we do not turn away anyone.

HPRP Beds: No

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters)

Transitional Housing: No

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

Our CoC added a new S+C project for chronic homeless that added 7 more beds and we try to use S+C funds for the most neediest people who present for intake for the program. It doesn't matter if you are single, married, or have children. If we have funds to spend we use them providing that people are homeless and have a disability.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply): HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Instructions, HMIS, Confirmation

Must specify other:

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Other, Provider opinion through discussion or survey forms, Unsheltered count, HMIS data, Stakeholder discussion, Housing inventory, HUD unmet need formula

Specify "other" data types:

The Erie City & County CoC also surveys people who are using the homeless services to gain their perspective on what they believe the causes are of their homelessness and surveys the direct provider staff to gather their input on what they see as the causes of homelessness are. The Home Team tries to mold programs or impact policies to address the needs of the people who are homeless.

If more than one method was selected, describe how these methods were used together (limit 750 characters)

Our Continuum begins by using the HUD unmet need formula from our surveys and unsheltered count. We then look at the housing inventory and check that with HMIS. After we have the numbers we take it to the Home Team (the Stakeholders) for discussion to ensure we didn't under count or that the number aren't skewed because of family units.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS (select all that apply): PA-605 - Erie City & County CoC

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: ServicePro

What is the name of the HMIS software company? Bowman

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 03/01/2001

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): Inadequate ongoing user training and/or users groups, Inadequate staffing

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

The challenges continue to be staff turnover. Our data manager recently took another position and we are having a difficult time replacing her. Our CoC has only one manager for HMIS and it is difficult at times for her to keep up with all the changes and needs of our homeless delivery system (APRs & on-going training) Staff turnover at agencies is also a problem and traing new staff in entry and exit data at times is difficult.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

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

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$50,792
ESG	\$0
CDGB	\$0
HOPWA	\$0
HPRP	\$0
Federal - HUD - Total Amount	\$50,792

Funding Type: Other Federal

Funding Source	Funding Amount
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

Funding Type: State and Local

Funding Source	Funding Amount
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

Funding Type: Private

Funding Source	Funding Amount
Individual	\$0
Organization	\$10,922
Private - Total Amount	\$10,922

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	\$0

Total Budget for Operating Year	\$61,714
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Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

We have discussed applying for new grants, marketing our services to other CoCs (Northwest PA Region and Chautqua County NY) and requesting participation fees. The later is the one where we don't believe we are able to achieve because the fees would most likely reduce services to people who are homeless.

How was the HMIS Lead Agency selected by the CoC? Agency Applied

If Other, explain (limit 750 characters)

The agency selected responded to a request for proposals in our annual CoC local competition in 1998.

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency Shelter (ES) beds	86%+
* HPRP beds	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

N/A

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	100%
Supportive Services	89%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	2
Transitional Housing	5
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	2%
Date of birth	2%	0%
Ethnicity	3%	1%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	4%	1%
Gender	2%	0%
Veteran status	0%	1%
Disabling condition	1%	3%
Residence prior to program entry	1%	3%
Zip Code of last permanent address	1%	0%
Housing status	3%	1%
Destination	1%	0%
Head of household	3%	1%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

HMIS lead conducts continuous training throughout the year to ensure case managers and administrators are current on all changes in HMIS and software (ServicePoint). HMIS lead offers assistance to all participating agencies in the form of site visits, rapid email response, and teleconferencing. In addition to working directly with agencies, the administrator checks for data discrepancies, missing data, and erroneous data through the generation of such reports in ServicePoint Advanced Reporting Tool.

How frequently does the CoC review the quality of client level data? At least Quarterly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

N/A

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** At least Monthly
- Point-in-time count of sheltered persons:** At least Annually
- Point-in-time count of unsheltered persons:** At least Annually
- Measuring the performance of participating housing and service providers:** At least Quarterly
- Using data for program management:** At least Annually
- Integration of HMIS data with data from mainstream resources:** Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Not Applicable
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Monthly
* Locking screen savers	At least Monthly
* Virus protection with auto update	At least Monthly
* Individual or network firewalls	At least Monthly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS policy and procedures manual	At least Quarterly
* Validation of off-site storage of HMIS data	At least Quarterly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Monthly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

If 'Yes', indicate date of last review or update by CoC: 02/10/2011

If 'Yes', does the manual include a glossary of terms? Yes

If 'No', indicate when development of manual will be completed (mm/dd/yyyy):

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Quarterly
* Data security training	At least Quarterly
* Data quality training	At least Quarterly
* Using data locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	Never
* HMIS software training	At least Quarterly
* Policy and procedures	At least Quarterly
* Training	At least Semi-annually
* HMIS data collection requirements	At least Semi-annually

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

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/27/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	7%	0%
Transitional Housing	0%	100%	6%	0%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The shelter households in emergency shelter went down slightly but up by 4 households in transitional. The persons in ES went down but the persons in TH went up. The trend seems to be that people are traveling to our County for services from other states because we have a fully developed system. The other reason we our numbers are increasing is because we are getting better at identifying people who are homeless and moving them into services.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	There are two gaps in housing: permanent and shelter. People are staying longer in shelters and because of the economy people cannot afford rent. The shelter is in response to the camps were uncovered and have implemented an overflow shelter program to better house and assess their needs.
* Services	Employment training and private sector jobs are the gaps that we identified. People who are homeless often do not possess the skills necessary for employment and jobs are difficult to come by.
* Mainstream Resources	recently did away with general assistance through DPW. Over half of the people we see in a homeless situation may qualify for SSI or SSDI. We recently took the first steps to train more people in the homeless delivery system (and in MH & D&A systems) to be SOAR trained.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

We survey the homeless delivery system every year. We provide detailed instructions to emergency shelters, transitional and permanent housing providers. We follow-up with phone calls to agencies and double check the information with HMIS. We found no significant change in the numbers of homeless in Erie County although our counts have gone up. We also see a discrepancy in the SPIT and HMIS. SPIT numbers have gone up but the total number of unduplicated homeless people in Erie County have gone down.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input checked="" type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:		<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

We survey the homeless delivery system every year. We provide detailed instructions to emergency shelters, transitional and permanent housing providers. We follow-up with phone calls to agencies and double check the information with HMIS. We found no significant changes in the numbers of homeless in Erie County however the numbers have increased.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

We survey the homeless delivery system every year. We use the SPIT and check the accuracy in HMIS for every provider. We offer detailed instructions and training on as needed basis for newer staff. If the numbers do not seem logical for a particular provider we follow up using their HMIS data as a basis and give the providers an opportunity to clean up their data before we submit the data to HUD.

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

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? annually (every year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/27/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

We saw an increase in the unsheltered people from 2011 to 2012. We counted 18 more households and 31 more persons who were unsheltered. The unsheltered households were counted even if they were in a doubled up situation. Usually these people are presenting for services in shelter or transitional housing and are living with family or friends. The unshelter population increased because we uncovered "camps" where people were living because of a variety of issues such as substance abuse, mental illness, and lack of employment. The other factor is that our shelters and transitional housing is full because people cannot access permanent housing because of the economy and we have wait lists at our HAs and one HA's waiting list is closed.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>
None:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

We have two homeless outreach teams that go out on the SPIT date and go to places where known homeless people congregate. We have a warming center that operates during the winter and a day room where people go to get off the streets. We also ask that our emergency shelters (if full) keep a list of the people that they have to turn away. We do not unduplicate the people who are unsheltered as best we can by seeing if they presented at numerous shelters that day and night by checking with our HMIS.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: Known Locations

If Other, specify:

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	X
HMIS:	X
De-duplication techniques:	
"Blitz" count:	
Unique identifier:	
Survey question:	
Enumerator observation:	
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

All of our homeless providers (except DV) report to our HMIS and after we receive the data from the providers we check the data with HMIS. We have some duplication in the provisions of supportive services but that has no effect on the where the people are sleeping on the SPIT survey date.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

We have two outreach providers that are on the street every day looking to assist people to obtain housing. We post flier in numerous places throughout the County with phone numbers of how to contact our outreach workers. Erie County has a rich supply of shelter capacity and there is no need for anyone to sleep in places not fit for human habitation. If shelter are full we use vouchers at local motels to put people up until shelter space becomes available. The shelter stays have decreased as we are able to move people into transitional housing or permanent housing depending on the make up of the family. We also have a warming center that operates in the winter months and this year we are trying to establish a system for overflow shelter beds utilizing local churches and volunteers. A church would operate for one week and our outreach worker will be there to offer assistance before they leave in the morning.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

Our outreach workers are in the feild every day engaging people. We meet the people where they are and attempt to get them to accept services. We have seen no significant changes in the homeless population however the number of unduplicated clients has decrease for the past four years. However, there are some people who do not want to be involved with any kind of system and all we can do is to continue to outreach to them in the hope that one day they will accept our assistance.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	65
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	70
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	75
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	80

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

We plan to submit a new S+C application. We will: continue convert more of our S+C beds to serve the chronic homeless, apply for additional S+C funds in the CoC competition, and continue to work with the local housing authorities to transition formerly chronic homeless into the voucher program and free up additional units and beds for chronic homeless. We began a nrw S+C project for chronic homeless and they are now almost at capacity.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

We will continue to identify barriers to permanent housing for the chronic homeless, work with the local redevelopment authorities to identify vacant properties, secure funding to rehab the sites, and populate the units created with the chronic homeless. Partner with service provider agencies to identify and intervene quicker to prevent chronic homeless and educate the community about chronic homelessness and provide additional supports to landlords to mitigate their risk in renting to the chronic homeless. Provide additional representative payee, continue to engage people with supportive services, and implement a program with the Northwest Legal Service to overcome the barriers to permanent housing for the chronic homeless.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

Ending chronic homelessness is more than increasing the number of beds available. We will continue to be aggressive with outreach and case management to try to engage people who are chronically homeless to want to be in permanent housing. We will continue to build natural supports to try to recreate the support system that people who are chronically homeless find on the street or in places not fit for human habitation. We will continue to work with service providers to assist people with their MH and/or D&A problems, increase their incomes, and work with friendly landlords. We will also enlist faith-based organization to provide one home per church for people who are homeless.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 82%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 92%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 93%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

We will continue with aggressive case management, engage people with supportive services, intervene at the District Judge's level, and continue to expand representative payee. The difficulty we are seeing is that we are not creating more permanent housing options for people who are homeless. All of the housing authorities in our jurisdiction now have closed waiting list and we are having difficulty transitioning people to housing choice vouchers.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

We will continue with aggressive case management, engage people with supportive services, intervene at the District Judge's level, and continue to expand representative payee. We are currently at 82%.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 72%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 80%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

We will coordinate with the Emergency Solutions Grant to secure first month's rent and security deposits, provide short-term rent assistance, and plan for discharge to permanent housing from the first day that people arrive in transitional housing. Coordinate with landlords to rent to people at below fair market rent and use additional local resources to acquire additional subsidized rental units.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

We have declined in our percentage from last year's numbers and we have implemented a new strategy for people in transitional housing. We are beginning to use a self-sufficiency scale and tailor our approach to transitional populations as opposes to a set course that people have to complete. We will implement a savings program for people while they are in transitional housing so they have more of a cushion for emergencies. Plan for funding with Emergency Solutions Grant funds so that people will have the first month's rent and security deposits. Work with the local housing authorities to relax some of their criteria in order for people to access the voucher program and hopefully make people completing a transitional program a local priority for vouchers.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 23%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 25%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 30%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

Continue to outreach to employers to hire the formerly homeless, partner with the Office of Vocational Rehabilitation to assess people's skills and desires for employment, and continue our informal networking with local employers. We will work with our local WIB to try to fill vacant positions with our population. We have out reached to the local training institutes for a reduced cost for people in need of training.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

Engage and educate the Manufacturer's Association, remove barriers for job training and placement (currently the training and placement services are for newly unemployed in this economy) and strengthen our relationships with WIB and SPOC. Currently, WIB and SPOC only work with people who are on General Public Assistance. We are looking for additional funding to expand their services for people who are not ineligible or have exhausted Public Assistance.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 78%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 79%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 80%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 82%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

Currently only 22% of the participants who exit our CoC program do not receive at least one mainstream benefit. Our plan is to increase those who receive benefits by one percentage point because we feel that for reason beyond the control of the programs participants do not qualify for benefits or are unwilling to accept them. We have a fast track arrangement with the County Assistance office that utilizes a single application for benefits and we are working towards a training with SOAR.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

We pain to have 82% of the participants who exit the programs to have mainstream benefits by having people trained in SOAR enabling participants to receive benefits quicker. We will continue to work with the County Assistance Office to ensure that participants are recieving the benefits that they qualify for.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 275%
- In 12 months, what will be the total number of homeless households with children?** 225%
- In 5 years, what will be the total number of homeless households with children?** 200%
- In 10 years, what will be the total number of homeless households with children?** 175%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

We will utilize the Emergency Solutions Grant funds to become more aggressive in the prevention area and obtain permanent housing for families that become homeless. The economy in Erie County continues to be sluggish, and we anticipate a one year increase in the number of homeless households. With our new HUD project we plan to impact that number but as yet the project has not started and we really don't know what the next 12 months

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

Our Continuum has always identified women and children as the number 1 priority for services. We will implemented a housing first strategy across the continuum. Continue our work in a tailored approach to the causes of the families' homelessness and intervene with specific individual approaches. Implement a strong case management component that has been successful with individuals in our S+C projects. Expand our early warning system from 1 District Judge to all of them in Erie County.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 8

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

N/A We currently have no SSO projects and do not intend to submit for any.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

N/A

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Our CoC works closely with the Erie County Office of Children and Youth (OCY), where foster care placements originate, to identify individuals who are aging out of foster care. We ensure that individuals have a viable housing plan before they reach their termination date to leave that level of care. No McKinney-Vento funded project admits anyone aging out of foster care. Our intake workers routinely contacts OCY when there is a question about the eligibility of a younger person presenting for services. If an individual presents to one of our funded projects our intake workers contact OCY's foster care unit to reconnect the individual with their case worker. The case worker then uses funds to temporarily house the person. The case worker reopens the case and housing plan to ascertain where the plan fell apart and either implements a new or revises the housing plan for the individual. It has been our experience that individuals in Erie County rarely go from foster care to homelessness.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The stakeholders/collaborating agencies are the Erie County Office of Children and Youth (OCY), Family Services of Northwestern PA (Family Services), Stairways Behavioral Health (Stairways), Harborcreek Youth Services (HYS) and Erie County Care Management (ECCM). OCY places all children in the foster care system and is responsible for development and implementation of a housing plan. Family Services has an independent living program that works solely with foster placement individuals to find them employment and affordable housing. Stairways provide case management services to broker access for mental health, mental retardation, and/or drug and alcohol services. HYS provides host homes for complex cases where individuals need intense services, sometimes beyond age 21, where additional time is needed for an individual to live successfully in the community. ECCM provides administrative case management and authorizes and tracks services delivered.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

20 to 25% of individuals in foster care placement are adopted by the foster parents. 30 to 40% of individuals are adopted by other families in the community. About 5 to 10% of individuals in foster care placement are referred to HYS for host home placement. The remaining individuals are referred to Family Services for the independent living program. It has been our experience that individuals who fail in the community rarely seek homeless assistance services after they the failure. We have no hard data in tracking individuals that were in foster care placement who later present at a homeless provider for services. Usually individuals are wary of entering another system for services: they move out of the area, end up staying with friends for extended periods of time, or reconnect with some family members.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Erie County is a small close-knit community where no local hospitals discharge people to an emergency shelter or the streets. The hospital social workers work diligently to find resources for individuals who arrive for services and have nowhere to go upon discharge. There was one recent case of an individual, medically fragile and also had dementia, who stayed in the hospital for 240 days until a suitable placement was found for him. In cases where a person presents at an area hospital who was homeless upon intake to the hospital the hospitals call our homeless outreach workers for assistance in finding an appropriate placement for them outside of the homeless delivery system usually with family and friends. Unfortunately not all homeless people who present for health care at the area hospitals desire a permanent place to live and they go undetected and return to the street or places not meant for human habitation.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The stakeholders/collaborating agencies are Hamot Hospital, Millcreek Community Hospital, St. Vincent Hospital, and Veteran's Hospital each having social workers assigned to assist people when they are being discharged. The social workers in each of the hospitals work to find a suitable level of care for their own patients. At the VA there is a homeless assistance program embedded at the hospital to ensure that the veteran doesn't discharge to a McKinney-Vento program.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Erie County is a small close-knit community where no local hospitals discharge people to an emergency shelter or the streets. It is rare that a person who is homeless is admitted for services other than emergency services. In the cases where people are homeless and are being discharged the social worker are able to place the person with a family member. If the person originally came from a shelter or transitional housing program they return to the shelter or transitional housing.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Discharge planning at the State Hospital or acute care hospitals begins on the first day of admission with case managers at our Base Service Unit for mental health (BSU). The BSU is at the acute care hospitals three times a week and at the State Hospital once every two week. The BSU works with the individuals on detailed housing plans for people to either go to a step down unit or directly to an apartment of their choosing or to reunite with family members. The State Hospital is mandated to have a housing plan in place upon discharge and the acute care hospitals rely on the BSU to find suitable housing for people upon discharge. The social workers at the hospitals contact the BSU when there is a person who is homeless in their facilities and the BSU finds a placement for them. The CoC's collaborative applicant is Erie County Department of Human Service, Office of Mental Health/Mental Retardation and we contract with the BSU for these services.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The stakeholders/collaborating agencies are Millcreek Community Hospital, St. Vincent Hospital, Warren State Hospital (WSH), Erie County MH/MR, and Erie County Care Management (BSU). The first two are acute stay hospitals and the latter is for more chronic long-term care for people with mental illnesses. The hospitals are aware of the restrictions of placing people directly upon discharge in McKinney-Vento funded projects and enlist the assistance of the BSU once they discover a homeless situation. Our McKinney-Vento providers are aware that they are unable to house someone coming directly from the hospital and therefore do not admit them.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The majority (80%) of the people discharged from WSH go into personal care homes, enhanced personal care homes, or to nursing homes if they are medically compromised. Others (13%) go to live with family, (4%) are discharged to a suitable apartment, and the remaining (3%) go on to live with friends or with another community arrangement such as Fairweather Lodge. WSH is mandated by the Commonwealth to develop a housing plan for all people upon discharge. The people being discharged from the acute care hospitals and who are homeless are discharged to the Residential Treatment Facility for Adults (75%), Crisis residential Unit (5%) and the to the Residential Treatment Facility for Adults, and the remaining (20%) a suitable family member or friend is able to accept the person.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

We have a state and county prerelease center for people coming out of the respective prisons. The state and county mandates that a person must have a viable housing plan before release that includes a memorandum of understanding with HUD that clearly states that a housing plan cannot include McKinney funded projects. Medical Assistance benefits are suspended for people who had those benefits before their incarceration so they would be reinstated for benefits upon release. For women who have lost their children due to incarceration we have a specialized program that assists them in reunification. We are committed to having people released from prison not ending up in HUD sponsored project even if they become homeless and are in emergency shelter. There are no provisions for people "maxing out" of their prison term.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The stakeholders/collaborating agencies are Erie County Prison, Albion Prison, and State and County prerelease centers. The state prisons are mandated to have a viable housing plan established for all inmates being released that cannot be to McKinney-Vento programs. The Erie County Prison also has a County mandate to have a housing plan in place upon discharge. The Erie County Prison also does not discharge people directly into McKinney-Vento programs. Our McKinney-Vento agencies will not accept people being discharged directly in to their programs.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Prison placement numbers are difficult for us to obtain but from interviews with the wardens of the prisons the majority of the people are discharged to family and friends. The people who have served all of their time in prison are not required to have a housing plan and they are free to go where ever they want. It is difficult to track these "maxed out" people and the only way we know that they are in the homeless system is when we see that there is a large gap in their previous residence.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan: Develop additional affordable housing. Provide for immediate needs of chronic homeless. Provide support services for people to overcome homelessness.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

Our CoC is continuing to track the people assisted with HPRP and to ensure they are receiving the services needed to remain in permanent housing. We have a homeless assistance program that was established before HPRP and essentially does the same thing: assist people with a month's arrears in rent and provides one month's rent and security deposits for people who are homeless. The only difference is that we are able to serve moderately low income people where HPRP was for very low income people.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

Our CoC encouraged and supported the VA to apply for HUD-VASH because we have a long-standing partnership with the VA in assisting veterans who are homeless. The VA has reduced the numbers of days of stay in our transitional housing because they are able to provide the voucher more readily for the veterans than our service providers. The VA outreach workers coordinate with our outreach worker and case managers coordinate with our rent assistance program for funds to prevent homelessness or provide funding to end a homeless situation.

HIV-AIDS providers in our area sit on our CoC and we attempted for many years to persuade them to apply for HOPWA but to no avail. Our area does receive some block grant HOPWA funds but that is controlled by another County but supportive services are offered to people in Erie County. We attempt to keep the line of communication open with HIV-AIDS providers but it is somewhat difficult because of HIPPA regulations. Referrals are made between and amongst the CoC and the HIV-AIDS networks to ensure continuity of care and share resources.

Our CoC collaborated with our County Housing Authority to develop 5 properties for people with disabilities and who were homeless. The project was that the HA would acquire and rehabilitate the properties, our CoC would refer people who are homeless and have a disability to the HA for the properties, and then our CoC coordinates the supportive services. Our CoC also worked with our local jurisdiction to have a 10 unit apartment rehabilitated and then donated to one of our MH agencies for affordable housing for people who have disabilities and are homeless. Our CoC refers prospective tenants for the project and monitors the supportive mainstream resources.

Our CoC partners with recipients of CDBG funds to provide education, employment, and preventative measures so that people do not become homeless and have resources to end a homeless situation. Our CoC makes referrals to the CDBG agencies and we in turn provide supportive services, There are two ESG programs that cover our catchment area: the City of Erie and the PA competitive. Our CoC worked closely with the City for the rapid re-housing portion of their annual plan and has input in the allocation of the per diem funds. Our CoC also coordinates the application for funding for the state competitive portion based on the priority of needs that flow from the PIT count.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place: All City and County homeless providers are required by contract to have the children in their care in the local school. Children in the Erie City School District are picked up by a bus and transported to their home school.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

Our CoC has established relationships with all the area schools' homeless liaisons to ensure continuity of educational services for individuals and families who become and/or remain homeless. The City of Erie's (the largest school district in the area) homeless liaison is a member of our CoC and provides information to his peers in other school districts at their regular meetings. The majority of the homeless services are in the City and often people need to be in the city for housing (emergency shelter and/or transitional). Every effort is made to ensure that children continue to be educated in their school of origin through transportation agreements with our providers and then permanent housing is sought in the area of origin so that the children can continue their educational pursuits. The homeless liaisons in the schools make referrals to our CoC projects for homeless services and prevention services. Our service providers have the contact information for all the homeless liaisons in the area and have all the information for adult educational opportunities as well. Our service providers refer to our adult providers in order for people to obtain their GEDs or other educational goals.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

Our CoC's long standing policy is that families remain intact in shelter, transitional, and permanent housing. Our shelters are generally population specific (DV, SMF, or Family). The families with children are automatically admitted to emergency shelter and transitional housing but we need to ensure the safety of all people in these living arrangements. All family members 14 and older have background checks for a history of child abuse. If there is a history of child abuse we often never leave those people alone with other children and monitor their movements while in shelter and transitional housing. Emergency shelters and transitional housing providers usually are unreceptive to admitting males over 14 years who present for services especially if they are serving DV victims. In these cases the family is assisted with hotel/motel assistance and supportive services are brought to the hotel/motel. The only problem we have in keeping families together permanent housing is when there is an unusually large family where numerous bedrooms are needed not because of age but because of size.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

Our CoC has a VA hospital in our jurisdiction and the VA has been a member of our CoC for many years that pre-date HUD-VASH. Our November CoC meeting is traditionally at the VA because in that month is Veteran’s Day. We have dedicated transitional housing for male and female veterans or veterans with families at Liberty House and My Father’s House respectively. When other service providers admit a veteran they automatically make a referral the VA for services. The VA often uses our transitional housing until a voucher becomes available. The CoC communicates with the VA regularly through phone and by email to ensure that veterans are being served appropriately.

The organizations that are involved are: ECCM & EUMA for outreach, CoC, CSS, City Mission, the Refuge, and SafeNet for shelter, City Mission, EUMA, My Father’s House, Mercy Center for Women, and SafeNet for transitional, and HUD-VASH for permanent.

The efforts above are consistent with our strategic plan to provide for the immediate needs of the homeless, to engage people with transitional housing and support services if necessary, and enable them to become more self sufficient and we are able to make that happen quicker because of our partnership with the VA. Our long-term goal is continue the dialogue with the VA and end homelessness for all.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

Our CoC has a committee that has been working on the issue of homeless youth for 10 years. Our CoC currently has no shelter for youth but we have outreach services that attempt to engage them with services at one of our existing shelters. The homeless youth are a difficult population to assist because often they do not want to be found. When we do find them we need to be continuously be trying to engage them. Our CoC is in the process of constructing a homeless youth shelter. The organizations involved are: ECCM and EUMA for outreach, the Salvation Army for the shelter, and CoC, Family Services, and SafeNet for the supportive services. These efforts are consistent with our strategic plan to break the cycle of homelessness we need to work towards combating generational homelessness. The future plans are to continue to work towards specific programs and housing options tailored for youth.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

The City of Erie sits on our CoC and consults with us on the allocation of the ESG funds this past year for the rapid re-housing. It was determined that the rapid re-housing funds would be administered by one agency and that each shelter would be allocated a set amount of funds for their use but not to be so restrictive that the funds would be unexpended. The CoC is surveyed for the use of ESG funds and are invited to the public hearing for the allocations. The City of Erie also utilizes the CoC for their reports and to ascertain the need in the City. Our CoC participates in the state-wide discussion on ESG through direct participation at meetings. We also provide written comments for the state plan. We have more successful in working with the City of Erie in addressing the needs of the homeless than we are with the state. The state seems to be heading in a direction that favors more populous areas of the state and we have been unsuccessful to have the state recognize the needs of the homeless in Erie County.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

The County of Erie contracts with all CoC applicants and we have contract language against discrimination. No outreach service, shelter, transitional or permanent housing provider in Erie County CoC discriminates. Our CoC distributes fliers in places such as the soup kitchen and public libraries that post the list of homeless and housing services that are open to all people regardless of race, color, national origin, religion, sex, familial status, or disability. We have a specific outreach component that outreaches to people with disabilities and most of the permanent housing developed by our CoC is for people with disabilities. We also partner with neighborhood organizations that work with protected classes to ensure that they know of our services and we often use these agencies for interpretive services and case management services once people are admitted to one of our programs.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

Yes. All of the providers in the homeless delivery system sit on our CoC. Our CoC's priority populations are women and children, families, and people with disabilities. We developed specialized outreach for people with and without disabilities. Emergency shelter includes options for people with disabilities, DV victims, and families. Transitional housing includes options for teen women who are pregnant or with a small child, DV, chronic homeless, women and children, veterans, and families. Permanent housing includes options for people with disabilities, chronic homeless, and families. We also have a system in place for prevention and rapid re-housing. We are now embarking on a plan to enlist the support of local religious groups to provide permanent housing in their area for homeless and low income families and individuals.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

Our CoC inputs information to the 2 plans in our area. The City of Erie sits on the CoC and attends all meetings. We discuss the homeless needs and gaps in services with Mayor and the Director of Planning and their staff. The City relies on our CoC to write the narrative for the homeless section for the plan. We also provide written information for the housing activities for the plan. We attend the public meetings and provide oral testimony for the plan. The state-wide plan is discussed at several meetings that occur around the state and in the state's region. Representatives of our CoC and the Northwest Regional CoC meet with the Director of the Department of Community and Economic Development and staff to convey the needs of our region for housing and homeless services. We also provide homeless data from HMIS for the state plan and provide written comments for the plan.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

Our CoC has an Executive Committee that consists of a chair, vice-chair, secretary, treasurer, committee chairs, and the City of Erie. The Executive Committee developed the 10 year plan. At a regularly scheduled meeting we review and update the plan annually. We review the action steps and report on the progress towards the goals. Some goals are revised and others are added. For example this year we are working on updates to become a UFA and bring our services in line with the HEARTH Act. The revisions and progress on the plan are then presented to the entire CoC for discussion and vote at a regularly scheduled meeting.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

Turning a CoC in an altered direction is like trying to turn an iron ore carrier on the Great Lakes; you have to start thinking about the turn 20 miles before you actually start the turn. It's easy to adopt the "Opening Door" strategic plan but difficult to implement. Our CoC's Executive Committee discussed the strategy at a meeting and we distributed the plan to the entire homeless delivery system. The prevention, rapid re-housing and single point of intake through no-wrong-door aspects of the national strategy are already a piece of our local strategy however the change in philosophy is going to take some time. The specific change that our CoC is attempting to adopt is the person first approach. Our system of emergency shelters, transitional and permanent housing is accustomed to trying to fit a person into a project or program instead of assisting the person with what they need to resolve their homeless situation. This change of philosophy is our #1 goal and challenge for 2013.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):

Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

The ESG project managers from the City of Erie sit on our CoC and we have had much discussion surrounding the ESG. The City retains their authority to allocate funds as they deem appropriate. Our CoC has developed the program standards with the City during our Executive Committee meetings. We also discussed the evaluation and outcomes for ESG and we believe we are in a better place than some continuums because all of our providers, except for DV, already input data to our HMIS. We set the standards similar to the HPRP. Our CoC is in the process of developing policies and procedures for ESG in conjunction with the City of Erie.

It has been more difficult to impact ant change or develop any dialogue with the state competitive ESG. The state seems to listen more to consultants than to service providers. The state has solicited input on ESG however that input from the ground level seems to have been ignored.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval? No

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

N/A

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

N/A

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	8	Beds	8	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	75	%	80	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	70	%	70	%
Increase the percentage of homeless persons employed at exit to at least 20%	33	%	23	%
Decrease the number of homeless households with children	36	Households	38	Households

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

We were unable to increase the number of participants employed at exit due to an over optimistic projection. The economy is still in recovery but we are slightly ahead of the national benchmark of 20%.

How does the CoC monitor recipients' performance? (limit 750 characters)

DHS conducts on-site monitoring of all HUD projects once a year using HUD monitoring guidelines. Letters of compliance or noncompliance are sent to the agencies. Instances of noncompliance require a corrective action plan is submitted 30 days after the date of the monitoring letter. An action plan is negotiated to standards and the issues are revisited the next year. DHS receives the APR from HMIS and enters it into ESNAP. The results of the monitoring and APR are reviewed with the Home Team. All recipients are part of the Home Team CoC.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

All project applicants are represented on our CoC called the Home Team. HUD established goals are discussed at every CoC meeting because of the ramifications of the failure to meet the goals not only impacts funding but they impact the lives of the participants. Information on best practices is emailed to all applicants. Lunch and learns are conducted several times over the course of the year with webcasts and guest presenters. Access and eligibility requirements to mainstream resources are presented for the agencies conducting homeless projects. Lessons learned from other projects are discussed and solutions are sought to enable participants to succeed in permanent housing.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

DHS meets with both poor performing projects several times a year. Ways to improve poor performance are discussed to achieve better project outcomes, goals, and objectives. Areas of noncompliance are addressed, goals may be revised, and action steps are agreed upon to enhance performance. The most difficult concepts to grasp is that with limited resources the project cannot assist everyone, other agencies provide services that they need not, so participants may successfully transition to permanent housing enabling the project to serve additional people. DHS provides lunch-and-learn web casts for all homeless providers, written materials are provided, and agency-to-agency mentoring is encouraged.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
N/A	-	\$0
N/A	0	\$0
N/A	0	\$0
N/A	0	\$0
N/A	0	\$0
Total		\$0

**What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)**

The Home Team has been monitoring the length of time that individuals and families are homeless for two years. We utilize HMIS to track people who enter emergency shelter and where they subsequently go. We analyze anecdotal cases to see where we are able to intervene and what resources we are able to bring to the people who are homeless to resolve their homeless situation.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

Currently all of our homeless providers input into HMIS except for domestic violence providers. Our system unduplicates clients we discuss the recidivism rates. The families tend to fare better upon exiting homelessness than individuals. Our HMIS is currently a closed system meaning agencies are only able to see their own agency data. We are working to open the system so that all agencies will be able to track and determine if the family or individual has been homeless in the past. A release of information will be created so the receiving agency may obtain the case notes from the previous agency in order to assist the family or individual not making the same mistakes again once they leave.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)**

Outreach is connected with a management information tracking system for Erie County. Liberty House for Veterans provides the on-call, after-hours service for clients. The Outreach workers canvas the streets and known locations where homeless persons congregate. They post flyers describing outreach services and disseminate pertinent information outlining the array of programs and services available to assist the homeless in accessing services.

Outreach workers maintain up-to-date information on social services available to people; assisting clients in obtaining birth certificates and photo identification cards. Workers maintain informational packets containing contact information for: Cash Assistance, Food Stamps, Medical Assistance, SSI-pre-application, HA voucher, low-income housing programs, SRO programs, the Lift Transportation Program for the Disabled, and subsidized Child Care.

Homeless persons/ families receive assistance with reporting for unemployment benefits, DPW benefits, and Career Link registration. Outreach workers accompany individuals to their appointments at public assistance, social security and other Erie-area mainstream social services including providing clients with bus tokens for appointments.

Outreach workers complete an intake assessment on all identified homeless individuals and work collaboratively with shelters, MH agencies, D&A programs, and other housing programs to obtain the services the person/families they need.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans? (limit 1500 characters)

Our CoC has been providing homeless prevention services in Erie County for more than 30 years. The Erie County for Rental Assistance under the Department of Public Welfare (DPW) Housing Assistance Program (HAP) provides rent, security deposit, mortgage and utility/energy assistance payments on behalf of eligible applicants. Persons/families who are facing eviction have an income that is 150% of poverty or less, and meet other program eligibility standards are eligible. In all cases, payments will only be made to legitimate landlords or vendors. No payments are made directly to persons/families.

The current CoC grew out of the HAP and has been a member of our CoC since its inception. Our CoC first line of our Mission Statement is: To prevent homelessness where ever possible. All Homeless Providers in Erie County are aware of the prevention program and the provider agency for HAP was also the provider agency for the City HPRP and State competitive HPRP.

The County District Justices have been educated in the prevention program and often make referrals to the program when landlords file for eviction for lack of payment of rent. The provider agency conducts landlord mediation between tenant and landlord to assist in averting an eviction. If the case cannot be resolved the tenant is assisted with first month's rent or security deposit for another apartment.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

N/A

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

N/A

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	57	52
2011	56	62
2012	58	70

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

Our CoC uses the federal definition of chronic homeless: a person is continuously homeless for a year or more or has had 4 or more episodes of homelessness in the past 3 years. The eligibility of the person to receive housing services depends on whether the person wants to end their cycle of homelessness. Our outreach workers attempt to engage people with services and assist them to access emergency shelter. Once in shelter case managers offer assistance to access permanent housing in either SRO, S+C, fair market rent, boarding houses, or higher levels of care depending on their physical health (personal care homes or nursing homes or D&A detox). We use HMIS to track people and families and our outreach teams input newly discovered chronic homeless. If people come to our area from other place we attempt to reach out to that place to determine if they are chronic homeless.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 8

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

Our chronic homeless have steadily increased since last year due to better identification and being able to offer additional permanent housing for them. Two other factors contributed to the increase of chronic homeless: HUD's benchmark for considering housing stability and the discovery of a tent city along our railroad tracks. Our CoC believe that 6 months of permanent housing for chronic homeless is too low. It has been our experience that housing stability is not achieved for this population until 18 months. We also discovered a tent city where people were living for close to a year. Some people in the tent city stated they were there for more than a year but we were unable to independently verify this so we took them at their word.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	40
b. Number of participants who did not leave the project(s)	198
c. Number of participants who exited after staying 6 months or longer	33
d. Number of participants who did not exit after staying 6 months or longer	163
e. Number of participants who did not exit and were enrolled for less than 6 months	35
TOTAL PH (%)	82

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	138
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	97
TOTAL TH (%)	70

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 261

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	60	23%
Unemployment insurance	8	3%
SSI	43	16%
SSDI	20	8%
Veteran's disability	4	2%
Private disability insurance	1	0%
Worker's compensation	0	0%
TANF or equivalent	32	12%
General assistance	54	21%
Retirement (Social Security)	0	0%
Veteran's pension	3	1%
Pension from former job	0	0%
Child support	6	2%
Alimony (Spousal support)	0	0%
Other source	4	2%
No sources (from Q25a2.)	38	15%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 261

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	165	63%
MEDICAID health insurance	105	40%
MEDICARE health insurance	15	6%
State children's health insurance	0	0%
WIC	10	4%
VA medical services	2	1%
TANF child care services	6	2%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	0	0%
Other source	0	0%
No sources (from Q26a2.)	58	22%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more?

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:

Our CoC analyzes the access to mainstream resources annually for each project on their program year using the HUD formulas that are used for the CoC application for the participants leaving the project. If we notice that one agency or project is doing well at accessing resources and another agency or project is doing poorly we arrange a meeting with the agency or project to ascertain what's working, what's not working, and how we may be able to do things better or differently.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If 'Yes', indicate all meeting dates in the past 12 months:

1/12/12, 3/8/12, 5/10/12, 7/12/12, 9/13/12, 11/8/12

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If 'Yes', identify these staff members: Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff: Yes

If 'Yes', specify the frequency of the training: quarterly (once each quarter)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If 'Yes', indicate for which mainstream programs HMIS completes screening:

The CoC doesn't provide the training ourselves but we provide funding for our agencies to attend trainings for: Ticket to Work, Accessing Medical Assistance, Who Is Eligible for SCHIP, Rent Assistance, Working with Housing Authorities, and Mental Health Services for Children and Adults. We have not been trained in SOAR. We intended to have someone trained this year but the cost of the training was prohibitive. We consulted with other Continuums in the State about SOAR and the benefit was negligible because there would need to be at least one FTE dedicated to this process and we are under staffed as it is. We instead use the fast track method to have people entered into the system, have the Social Security Admin tell us what we need for approval, and then submit the paperwork.

Has the CoC participated in SOAR training? No

If 'Yes', indicate training date(s):

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	75%
All providers have a liaison at the CAO and have forms on site. Case managers sit down with their clients	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	65%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
General Public assistance, TANF, SCHIP, Medicaid, Food Stamps	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	75%
4a. Describe the follow-up process:	
In many case the case manager accompany their clients to appointments for services. Case manager	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	All Cert with Con...	01/11/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: All Cert with Con Plan 2012

Attachment Details

Document Description:

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Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	11/16/2012
1C. Committees	12/10/2012
1D. Member Organizations	12/10/2012
1E. Project Review and Selection	12/10/2012
1F. e-HIC Change in Beds	01/03/2013
1G. e-HIC Sources and Methods	11/16/2012
2A. HMIS Implementation	01/03/2013
2B. HMIS Funding Sources	11/16/2012
2C. HMIS Bed Coverage	11/16/2012
2D. HMIS Data Quality	01/03/2013
2E. HMIS Data Usage	11/16/2012
2F. HMIS Data and Technical Standards	12/12/2012
2G. HMIS Training	11/16/2012
2H. Sheltered PIT	12/12/2012
2I. Sheltered Data - Methods	11/16/2012
2J. Sheltered Data - Collections	11/16/2012
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	12/12/2012
2M. Unsheltered Data - Methods	11/16/2012
2N. Unsheltered Data - Coverage	11/16/2012
2O. Unsheltered Data - Quality	11/16/2012
Objective 1	11/19/2012
Objective 2	01/10/2013
Objective 3	01/03/2013
Objective 4	01/03/2013

Objective 5	01/03/2013
Objective 6	12/12/2012
Objective 7	11/19/2012
3B. Discharge Planning: Foster Care	12/12/2012
3B. CoC Discharge Planning: Health Care	01/03/2013
3B. CoC Discharge Planning: Mental Health	01/03/2013
3B. CoC Discharge Planning: Corrections	01/03/2013
3C. CoC Coordination	01/07/2013
3D. CoC Strategic Planning Coordination	01/07/2013
3E. Reallocation	11/19/2012
4A. FY2011 CoC Achievements	01/07/2013
4B. Chronic Homeless Progress	01/07/2013
4C. Housing Performance	01/03/2013
4D. CoC Cash Income Information	01/03/2013
4E. CoC Non-Cash Benefits	01/03/2013
4F. Section 3 Employment Policy Detail	01/03/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/03/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/03/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/11/2013
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/MR

Project Name: Reach

Location of the Project: City of Erie, PA

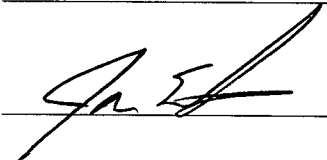
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 1-8-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan
(Type or clearly print the following information:)

Applicant Name: Erie County Department of Human Services, MH/ MR

Project Name: Reach

Location of the Project: 154 W 9th Street
Erie, PA 16501

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: F. Edward Geiger, III

Title: Director, Center for Community Financing - DCED

Signature: 

Date: 12/18/2012

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/MR

Project Name: Hope for the Homeless

Location of the Project: City of Erie, PA


County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 1-8-13

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan
(Type or clearly print the following information:)

Applicant Name: Erie County Department of Human Services, MH/ MR

Project Name: Hope for the Homeless

Location of the Project: 154 W 9th Street
Erie, PA 16501

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: F. Edward Geiger, III

Title: Director, Center for Community Financing - DCED

Signature: 

Date: 12/18/2012

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/MR

Project Name: Self Start I

Location of the Project: City of Erie, PA

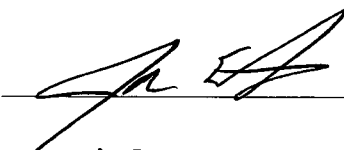
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 1-8-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan
(Type or clearly print the following information:)

Applicant Name: Erie County Department of Human Services, MH/ MR

Project Name: Self Start I

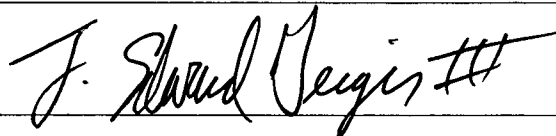
Location of the Project: 154 W 9th Street
Erie, PA 16501

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: F. Edward Geiger, III

Title: Director, Center for Community Financing - DCED

Signature: 

Date: 12/18/2012

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan
(Type or clearly print the following information:)

Applicant Name: Erie County Department of Human Services, MH/ MR

Project Name: Self Start II

Location of the Project: 154 W 9th Street
Erie, PA 16501

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: F. Edward Geiger, III

Title: Director, Center for Community Financing - DCED

Signature: 

Date: 12/18/2012

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/MR

Project Name: Self Start II

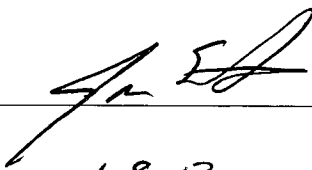
Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 1-8-13

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/MR

Project Name: Self Start III

Location of the Project: City of Erie, PA

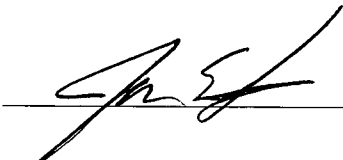
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott


Title: Mayor

Signature: 

Date: 1-8-13

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan
(Type or clearly print the following information:)

Applicant Name: Erie County Department of Human Services, MH/ MRProject Name: Self Start IIILocation of the Project: 154 W 9th Street
Erie, PA 16501Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care ProgramName of
Certifying Jurisdiction: Commonwealth of PennsylvaniaCertifying Official
of the Jurisdiction
Name: F. Edward Geiger, IIITitle: Director, Center for Community Financing - DCEDSignature: Date: 12/18/2012

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/MR

Project Name: TLC Plus


Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

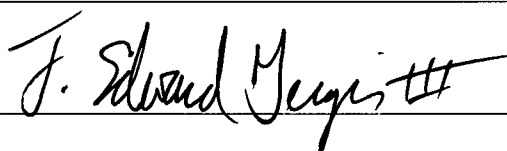
Title: Mayor

Signature: 

Date: 1-8-13

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan
(Type or clearly print the following information:)

Applicant Name: Erie County Department of Human Services, MH/ MRProject Name: TLC PlusLocation of the Project: 154 W 9th Street
Erie, PA 16501Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care ProgramName of
Certifying Jurisdiction: Commonwealth of PennsylvaniaCertifying Official
of the Jurisdiction
Name: F. Edward Geiger, IIITitle: Director, Center for Community Financing - DCEDSignature: Date: 12/18/2012

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/MR

Project Name: Lighting the Candle I

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 1-8-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan
(Type or clearly print the following information:)

Applicant Name: Erie County Department of Human Services, MH/ MR

Project Name: Lighting the Candle I

Location of the Project: 154 W 9th Street
Erie, PA 16501

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: F. Edward Geiger, III

Title: Director, Center for Community Financing - DCED

Signature: 

Date: 12/18/2012

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/MR

Project Name: New Life Program

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 1-8-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan
(Type or clearly print the following information:)

Applicant Name: Erie County Department of Human Services, MH/ MR

Project Name: New Life Program

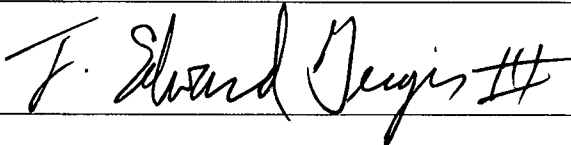
Location of the Project: 154 W 9th Street
Erie, PA 16501

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: F. Edward Geiger, III

Title: Director, Center for Community Financing - DCED

Signature: 

Date: 12/18/2012

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/MR

Project Name: Self Start V

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 1-8-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan
(Type or clearly print the following information:)

Applicant Name: Erie County Department of Human Services, MH/ MR

Project Name: Self Start V

Location of the Project: 154 W 9th Street
Erie, PA 16501

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: F. Edward Geiger, III

Title: Director, Center for Community Financing - DCED

Signature: 

Date: 12/18/2012