2006 Continuum of Care Application: Exhibit 1

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Nashua/Hillsborough County CoC	**NH 502**
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm. If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: GNCOC Executive Committee		
CoC Contact Person: Lori Cardin		
Contact Person's Organization Name: Greater Nashua Continuum of Care		
Street Address: Urban Programs Department, City Hall, P. O. Box 2019, 229 Main Street		
City: Nashua	**State:** NH	**Zip:** 03061-2019
Phone Number: 603-883-3851	**Fax Number:** 603-883-5925	
Email Address: lcardin@nashuachildrenshome.org		

CoC-A

B: CoC Geography Chart

Geographic Area Name	6-digit Code
Nashua, City of	331026
½ of Hillsborough County, as shown below. See attached MOA.	339011
Amherst, Town of	339011
Brookline, Town of	339011
Hollis, Town of	339011
Hudson, Town of	339011
Litchfield, Town of	339011
Mason, Town of	339011
Merrimack, Town of	339011

Geographic Area Name	6-digit Code
½ of Hillsborough County (continuation), as shown below:	
Milford, Town of	339011
Mont Vernon, Town of	339011

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
COC Primary Decision-Making Group (list only one group)						
Name:	Greater Nashua Continuum of Care	X				40
Role:	Determines policies and project priorities. Addresses housing and other issues impacting homeless/chronic homeless population.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	GNCOC Executive Committee	X				18
Role:	Develops strategies to eradicate homeless/chronic homelessness aligning with 10-year plan, City and State Consolidated Plans. Makes recommendations to entire GNCOC voting body.					
Name:	Ending Homelessness Committee	X				17
Role:	Oversees updates and implementation of the 10-year plan to end homelessness; engages the community to increase awareness and coordinate collaborative efforts to meet these goals.					
Name:	GAPS Committee		X			6
Role:	Conducts annual and quarterly point-in-time homeless census; identifies gaps; determines strategy effectiveness and future needs.					
Name:	Prevention Strategy Committee		X			3
Role:	Reviews implementation of the 10-year plan with primary focus on homelessness prevention.					
Name:	Revolving Loan Fund Committee	X				6
Role:	Develops and implements loan fund for emergency mortgage and rental assistance.					
Name:	Legislative Affairs Committee		X			4
Role:	Monitors public policy under consideration, updates GNCOC on pertinent legislation pending, acts as liaison to inform legislature of issues pertaining to mission of GNCOC.					
Name:	HMIS Advisory Committee (Statewide Committee)	X				7
Role:	Oversees statewide HMIS implementation and deployment. Members from the state's three CoC's address user or agency specific concerns about the system or its use in the field.					
Name:	Governor's Interagency Council on Homelessness (ICH)	X				25
Role:	Drafted State of New Hampshire's 10-year plan to end homelessness.					
Name:	Super NOFA Committee		X			15
Role:	Coordinates efforts in completing Exhibit 1 of the annual submission to HUD's Homeless Assistance Program.					
Name:	Foster Care Discharge Planning Committee – Local		X			4
Role:	In process of developing a discharge system in coordination with the State of New Hampshire for individuals exiting foster care institutions and systems who are at risk of being homeless.					

	CoC-Related Planning Groups	Meeting Frequency (check only one column)				Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
Name:	Health Care Discharge Planning Committee – Local		X			4
Role:	Locally coordinating with hospitals to implement a pilot program to identify and address homelessness. GNCOC Executive Committee members sit on this committee.					
Name:	Discharge Planning Committee – State		X			24
Role:	Meets to discuss the development and implementation of a discharge plan for those citizens leaving institutions and systems of care who are at risk of being homeless.					
Name:	Rapid Re-Housing Committee		X			4
Role:	Oversees implementation of the re-housing strategy component of the 10-year plan.					
Name:	Community Relations Committee		X			4
Role:	Serves as public awareness/public relations arm of GNCOC. Has contact with local and regional news media. Makes presentations to general public as necessary.					
Name:	HOPWA Project Committee	X				3
Role:	Evaluated needs and planned proposal submission. Since award, evaluates and reports on implementation.					
Name:	Balance of State Continuum of Care	X				2
Role:	Representative attends their general meetings, shares information from GNCOC and reports back to GNCOC on areas for collaboration.					
Name:	Manchester Continuum of Care		X			3
Role:	Representative attends their general meetings and reports back to GNCOC on areas for collaboration. GNCOC past chair assisted in preparation of Manchester's 10-year plan.					
Name:	Healthcare for the Homeless Committee			X		5
Role:	Meets to discuss healthcare needs of homeless, impact on providers, and to take advantage of available resources.					
Name:	Homeless Wraparound Services Group	X				7
Role:	Reviews individual homeless cases to identify need, develop a plan, and then connect the person with services.					
Name:	Winter Shelter Beds Planning Committee		X			5
Role:	Meets to discuss shelter capacity and planning for winter overflow					
Name:	Project Homeless Connect				X	5
Role:	To plan for a day of sharing information on agencies resources to the homeless population and the general public.					

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
	STATE GOVERNMENT AGENCIES			
	Community Services Council of New Hampshire	STATE OF NH		
	NH Division of Behavioral Health Services - Office of Homelessness, Housing & Transportation Services	STATE OF NH		
	NH Department of Health & Human Services - Division of Family Assistance	STATE OF NH		
	US Department of Housing and Urban Development	STATE OF NH		
	VA Medical Center	STATE OF NH	VET	
	Office of Alcohol and Drug Policy	STATE OF NH	SA	
	LOCAL GOVERNMENT AGENCIES			
	City of Nashua Mayor's Office	331026		
	City of Nashua Board of Aldermen	331026		
	City of Nashua/Urban Programs Department	331026		
	City of Nashua/Community Development Division	331026		
	Nashua Department of Public Health	331026		
	Nashua Transit Authority	331026, 339011		
	Nashua Welfare Department	331026		
	Town Of Amherst	339011		
	Town of Brookline	339011		
	Town of Hollis	339011		
	Town of Hudson	339011		
	Town of Litchfield	339011		
	Town of Mason	339011		
	Town of Merrimack	339011		
	Town of Milford	339011		
	Town of Mont Vernon	339011		
	PUBLIC HOUSING AGENCIES			
	Nashua Housing Authority	331026		
	New Hampshire Housing	STATE OF NH		
	SCHOOL SYSTEMS / UNIVERSITIES			
	Amherst School District	339011	Y	
	Brookline School District	339011	Y	
	Hollis School District	339011	Y	
	Hudson School District	339011	Y	
	Litchfield School District	339011	Y	
	Mason School District	339011	Y	
	Merrimack School District	339011	Y	
	Milford School District	339011	Y	

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
	Mont Vernon School District	339011	Y	
	Nashua School District	331026	Y	
	LAW ENFORCEMENT / CORRECTIONS			
	Amherst Police Department	339011		
	Brookline Police Department	339011		
	Hollis Police Department	339011		
	Hudson Police Department	339011		
	Litchfield Police Department	339011		
	Mason Police Department	339011		
	Merrimack Police Department	339011		
	Milford Police Department	339011		
	Mont Vernon Police Department	339011		
	Nashua Police Department	331026		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	DHHS-Division of Family Assistance	STATE OF NH		
	NH Employment Security	STATE OF NH		
	Workforce Opportunity Council	STATE OF NH		
	OTHER – ELECTED OFFICIALS			
	Office of Senator Judd Gregg	STATE OF NH		
	Office of Senator John Sununu	STATE OF NH		
	Office of Congressman Charlie Bass	STATE OF NH		
	Office of Congressman Jeb Bradley	STATE OF NH		
	Office of the Governor John Lynch	STATE OF NH		
	State Legislative Member – Joan Schulze	STATE OF NH AND 331026		
	State Legislative Member – David Smith	STATE OF NH AND 331026		
PRIVATE SECTOR	**NON-PROFIT ORGANIZATIONS**			
	Area Agency for Developmental Services of Greater Nashua, Inc.	339011 331026		
	Bridges – Domestic & Sexual Assault Support	339011 331026	DV	
	Community Council of Nashua, Inc.	339011 331026	SMI	Y
	Greater Nashua Council on Alcoholism, Inc./Keystone Hall	339011 331026	SA	DV
	Greater Nashua Habitat for Humanity	339011 331026		
	Harbor Homes, Inc.	339011 331026	SMI	SA
	Healthy At Home, Inc.	339011 331026	SMI	SA

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
	MP Housing, Inc.	339011 331026	DV	SA
	Milford Regional Counseling Services, Inc.	339011 331026	Y	DV
	Nashua Children's Home	339011 331026	Y	
	Nashua Soup Kitchen & Shelter, Inc.	339011 331026	SA	VET
	Neighborhood Housing Services of Greater Nashua, Inc.	339011 331026		
	Soul Purpose Living	339011 331026	SA	
	Southern NH HIV/AIDS Task Force, Inc.	339011 331026	HIV	SA
	Southern NH Services, Inc.	339011 331026		
	The Care Center	339011 331026	DV	SA
	Youth Council	339011 331026	Y	
	FAITH-BASED ORGANIZATIONS			
	Corpus Christi Food Pantry & Assistance, Inc.	339011 331026		
	Greater Nashua Interfaith Hospitality Network, Inc.	339011 331026	Y	
	Marguerite's Place, Inc.	339011 331026	DV	SA
	SHARE (food cooperative)	331026 339011		
	St. John Neumann Food Pantry	331026 339011		
	Salvation Army	339011 331026		
	Southern New Hampshire Rescue Mission	339011 331026		
	FUNDERS / ADVOCACY GROUPS			
	Bishop's Fund	STATE OF NH		
	Community Development Finance Authority	STATE OF NH		
	NH Community Loan Fund	STATE OF NH		
	United Way of Greater Nashua	339011 331026		
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Merrimack County Savings Bank	339011 331026		

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
	Citizens Bank	STATE OF NH		
	HOSPITALS / MEDICAL REPRESENTATIVES			
	Southern New Hampshire Medical Center	339011 331026		
	St. Joseph's Hospital	339011 331026		
	Nashua Area Health Center	339011 331026		
	HOMELESS PERSONS			
	Joe and Jean P	331026		
	Nashua Advocacy Group	339011 331026	SA	SMI
	Gathering Place Members (activity & recreational center for homeless persons)	339011 331026		
	OTHER			
	Ruth Morrissette, Citizen	331026		
	Alphonse Haettenschwiller, Citizen	331026		

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

E: CoC Governing Process Chart

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	☒	☐
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	☒	☐
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	☒	☐
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain. Current Greater Nashua CoC (GNCOC) Operation Guidelines allow for either public or private sector representatives to be elected as Chair or Co-Chair; however, do not require staggered 2-year terms for GNCOC officers. There is a limit of two (2) consecutive terms for any officers.	☐	☒
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	☒	☐
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	☒	☐
7. Does the CoC have a fiscal agent designated to receive funds from HUD? The GNCOC does not have a designated fiscal agent to receive funds from HUD. Each GNCOC Applicant that receives funding through the Super NOFA process acts as that recipient's fiscal agent. The Applicant may also be the Sponsor or the Applicant may disperse funds to a Sponsor Agency thereby acting as its fiscal agent.	☐	☒

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

Question 4: In the coming year, the Greater Nashua CoC Executive Committee shall review HUD's broad standards on the governing process for continuums of care as to how they apply to its current Operational Guidelines.

Question 7: In the coming year, the Greater Nashua CoC will investigate the feasibility of becoming a 501(c)3 to act as its own fiscal agent and explore other fiscal agent possibilities within our geography.

F: CoC Project Review and Selection Chart

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

CoC-F

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	☐ **Yes** ☒ **No**
If Yes, briefly describe the complaints and how they were resolved.	

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Adult Learning Center				x						x					x	x	x	
American Red Cross of Greater Nashua & Souhegan Valley		x		x											x			
Area Agency for Developmental Disabilities	x	x	x	x	x				x	x		x				x		x
Big Brothers Big Sisters				x					x	x							x	x
Boys & Girls Club				x					x	x					x		x	x
Bridges – Domestic & Sexual Assault Support		x	x	x	x				x	x		x						
CareNet				x									x		x			
Child & Family Services of NH				x					x	x					x			
CHINS Diversion Program/The Youth Council, Inc.				x						x					x			
City of Nashua Department of Public Health							x											
Community Council of Nashua, Inc.				x		x			x	x	x	x		x	x	x		x
Corpus Christi	x	x	x	x														
Girls, Inc.				x						x					x		x	
Greater Nashua Council on Alcoholism, Inc.				x					x	x	x	x		x	x	x		x
Greater Nashua Dental Connection													x					
Greater Nashua Interfaith Hospitality Network				x					x	x								x
Harbor Homes, Inc.				x		x			x	x	x	x				x		
Hillsborough County Family Intervention Program				x											x			
Marguerite’s Place, Inc.				x					x	x					x	x	x	x
Milford Regional Counseling Services, Inc.				x					x	x	x	x		x				
Milford SHARE	x	x	x	x														
Minority Health Coalition				x														
MP Housing, Inc.		x	x	x	x				x	x					x	x	x	x
Municipal Welfare (*Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua*)	x	x	x	x					x	x							x	x
Nashua Area Health Center				x									x	x	x			
Nashua Children’s Home				x					x	x					x	x		
Nashua Housing Authority				x											x			
Nashua Pastoral Care Center, Inc.		x	x	x					x	x	x	x			x	x		
Nashua Police Department				x	x	x		x										

(1)	(2) Prevention					(3) Outreach			(4) Supportive Services									
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Nashua Soup Kitchen & Shelter, Inc	x	x	x	x		x			x	x	x				x	x		x
Neighborhood Housing Services				x					x	x					x			
New Hampshire Legal Assistance				x	x										x			
New Hampshire State Hospital				x					x			x						
NH Catholic Charities	x	x	x	x	x					x					x			x
NH Dept. Of Health & Human Services (TANF, DCYF, FS, MEDICAID)		x	x	x					x	x			x		x	x	x	x
NH Employment Security				x											x	x		
Salvation Army	x	x	x	x														
School Systems (*Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua)*				x						x					x		x	x
ServiceLink				x														
So. New Hampshire HIV/AIDS Task Force	x	x	x	x		x			x	x	x	x	x	x	x			x
So. New Hampshire Medical Center				x					x		x	x	x	x				
So. New Hampshire Rescue Mission				x		x												
So. New Hampshire Services, Inc		x	x	x		x			x	x			x		x	x	x	x
St. John Neumann Parish	x	x	x	x														
St. Joseph's Hospital				x					x		x	x	x	x				
The Nashua Telegraph															x			
The Nashua Center for the Multi-Handicapped				x					x	x			x		x	x		x
The PLUS Company				x					x	x					x	x		x
The Upper Room Compassionate Ministries		x	x	x														
The Youth Council, Inc.				x					x	x	x	x		x	x			
Tolles St. Mission				x														
UNH Co-oporative Extension				x						x					x			
United Way of Greater Nashua				x														
Veteran's Administration				x					x	x	x	x	x	x	x	x		

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
Bridges	DV Shelter	N	0	0	331026	FC	DV	5	12	0	12	0	0
Greater Nashua Interfaith Hospitality Network	Anne Marie House	P	0	0	339011	FC		4	14	0	14	0	0
Harbor Homes, Inc.	Allds Street	1	2	0	331026	SMF		0	0	2	2	0	0
Harbor Homes, Inc.	Maple Arms	1	16	9	331026	M		3	9	16	25	0	18
Greater Nashua Council on Alcoholism, Inc.	Keystone Hall	1	4	0	331026	SMF		0	0	4	4	0	0
Nashua Soup Kitchen and Shelter, Inc.	Ash Street Shelter	1	14	6	331026	M		3	6	14	20	0	19
Nashua Soup Kitchen and Shelter, Inc.	Kinsley Street Shelter	1	0	12	331026	FC		3	10	0	10	0	2
		SUBTOTALS:	36	27	SUBTOT. CURRENT INVENTORY:			18	51	36	87	0	39
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
N/A			0	0				0	0	0	0	0	0

SUBTOTALS:			SUBTOTAL NEW INVENTORY:			0	0	0	0	0	0
Inventory Under Development		Anticipated Occupancy Date									
Greater Nashua Interfaith Hospitality Network	Anne Marie House Expansion	August 15, 2006	339011	FC		3	11	0	11	0	0
Southern NH Rescue Mission	Men's Shelter	October 15, 2006	331026	SM		0	0	25	25	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:						3	11	25	36	0	0
Unmet Need			UNMET NEED TOTALS:			3	11	25	36		

1. Total Year-Round Individual ES Beds:	36	4. Total Year-Round Family Beds:	51
2. Year-Round Individual ES Beds in HMIS:	36	5. Year-Round Family ES Beds in HMIS:	27
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.	100%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.	53%

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
Greater Nashua Council on Alcoholism, Inc.	Keystone Hall	5	12	0	331026	SMF		0	0	12	12
Harbor Homes, Inc.	Amherst St. Veteran's Transitional	5	20	0	331026	SM	VET	0	0	20	20
Marguerite's Place, Inc.	85-89 Palm Street	5	0	27	331026	FC		10	27	0	27
The Care Center	Caroline's House	5	0	10	331026	FC		4	10	0	10

The Care Center	Concord Street	5	0	4	331026	FC		1	4	0	4
The Care Center	Norwell House	5	0	19	331026	FC		8	19	0	19
The Care Center	Victory House	5	0	15	331026	FC		5	15	0	15
Nashua Soup Kitchen and Shelter, Inc.	86 Chestnut/29 Kinsley	5	0	12	331026	FC		3	12	0	12
Soul Purpose Living, LLC	Faith House	N	0	0	331026	SF		0	0	9	9
Soul Purpose Living, LLC	Hope House	N	0	0	331026	SM		0	0	9	9
		SUBTOTALS:	32	87			**SUBTOT. CURRENT INVENTORY:**	31	87	50	137
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
N/A			0	0				0	0	0	0
		SUBTOTALS:					**SUBTOTAL NEW INVENTORY:**	0	0	0	0
Inventory Under Development		Anticipated Occupancy Date									
Harbor Homes, Inc.	Spring Street Veteran's Transitional	1/15/2007			331026	M	VET	5	10	15	25
Soul Purpose Living	Soul Purpose Living	4/15/2007			331026	SMF		0	0	6	6
The Care Center	Caroline's House	9/15/2006			331026	FC		0	3	0	3
							SUBTOTAL INVENTORY UNDER DEVELOPMENT:	5	13	21	34
Unmet Need							**UNMET NEED TOTALS:**	15	33	51	84

1. Total Year-Round Individual TH Beds:	32	4. Total Year-Round Family Beds:	87
2. Year-Round Individual TH Beds in HMIS:	50	5. Year-Round Family TH Beds in HMIS:	87
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.	64%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.	100%

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart												
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual/CH Beds	
Current Inventory			Ind.	Fam.							
Harbor Homes, Inc.	Allds Street	5	16	0	331026	SMF		0	0	16/13	16
Harbor Homes, Inc.	Chestnut Street	5	10	0	331026	SMF		0	0	10/8	10
Harbor Homes, Inc.	HHO Condos	5	5	2	331026	M		1	2	5/5	7
Harbor Homes, Inc.	Mainstream	5	46	76	331026	M		29	76	46/43	122
Harbor Homes, Inc.	Maple Arms	5	6	0	331026	SMF		0	0	6/6	6
Harbor Homes, Inc.	PH II	5	10	6	331026	M		3	6	10/7	16
Harbor Homes, Inc.	PH III/Safe Haven	5	25	32	331026	M		9	32	25/23	57
Harbor Homes, Inc.	PH IV	5	6	11	331026	M		4	11	6/5	17
Harbor Homes, Inc.	PH V	5	10	12	331026	M		4	12	10/8	22
Harbor Homes, Inc.	PH VI	5	5	0	331026	SMF		0	0	5/5	5
Harbor Homes, Inc.	Scattered Sites	5	39	11	331026	M		5	11	39/34	50
Harbor Homes, Inc.	Winter Street	5	9	0	331026	SMF		0	0	9/8	9

MP Housing, Inc.	MP Housing	5	0	11	331026	FC		5	11	0/0	11
Nashua Housing Authority/Harbor Homes, Inc.	Shelter + Care	5	3	0	331026	SMF		0	0	3/3	3
Southern NH Services	Mary's House	P	0	0	331026	SF		0	0	40/35	40
		SUBTOTALS:	190	161			**SUBTOT. CURRENT INVENTORY:**	60	161	230/203	391
New Inventory in Place in 2005 **(Feb. 1, 2005 – Jan. 31, 2006)**			Ind.	Fam.							
MP Housing, Inc.	Scattered sites	5	0	6	331026	FC		3	6	0/0	6
		SUBTOTALS:	0	6			**SUBTOTAL NEW INVENTORY:**	3	6	0/0	6
Inventory Under Development		Anticipated Occupancy Date									
MP Housing, Inc.	MP Housing	4//15/2007			331026	FC		2	4	0/0	4
							SUBTOTAL INVENTORY UNDER DEVELOPMENT:	2	4	0/0	4
Unmet Need							**UNMET NEED TOTALS:**	25	97	153/64	250

1. Total Year-Round Individual PH Beds:	230	4. Total Year-Round Family Beds:	167
2. Year-Round Individual PH Beds in HMIS:	190	5. Year-Round Family PH Beds in HMIS:	167
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)	83%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)	100%

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

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: 01/25/2006 (mm/dd/yyyy)	
(2) Identify the *primary* method used to complete the Housing Inventory Chart (check one):	
☒	**Housing inventory survey to providers** – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
☐	**On-site or telephone housing inventory survey** – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
☐	**HMIS** – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
100 %	Emergency shelter providers
100 %	Transitional housing providers
100 %	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
☒	**Instructions** – Provided written instructions for completing the housing inventory survey.
☐	**Training** – Trained providers on completing the housing inventory survey.
☒	**Updated prior housing inventory information** – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
☒	**Follow-up** – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
☒	**Confirmation** – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
☐	**HMIS** – Used HMIS to verify data collected from providers for Housing Inventory Chart.
☐	**Other** – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
☒	Sheltered count (point-in-time)
☒	Unsheltered count (point-in-time)
☒	Housing inventory (number of beds available)
☐	Local studies or data sources – specify:
☐	National studies or data sources – specify
☒	Provider opinion through discussions or survey forms
☐	Other – specify:
(6) Indicate the *primary* method used to calculate or determine unmet need (check one):	
☐	**Stakeholder Discussion** – CoC stakeholders met and reviewed data to determine CoC's unmet need
☒	**Calculation** – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
☐	**Applied statistics** – Used local PIT enumeration data and applied national or other local statistics
☐	**HUD unmet need formula** – Used HUD's unmet need formula*
☐	**Other** – specify:
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	
The emphasis for using the resources within our community is to add more permanent housing. It is not our intent to add more shelter beds as they do not take the place of home.	

*For further instructions, see Questions and Answers Supplement on the CoC portion of http://www.hud.gov/offices/adm/grants/fundsavail.cfm

CoC Homeless Population and Subpopulations

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

Indicate date of last point-in-time count:______01/25/2006________________ (mm/dd/yyyy)

Part 1: Homeless Population	**Sheltered**		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Families with Children (Family Households):	9	27	43	79
1. Number of Persons in Families with Children:	30	73	141	244
2. Number of Single Individuals and Persons in Households without Children:	77	32	229	338
(Add Lines Numbered 1 & 2) Total Persons:	107	105	370	582

Part 2: Homeless Subpopulations	**Sheltered**	**Unsheltered**	**Total**
a. Chronically Homeless (For sheltered, list persons in emergency shelter *only*)	58	64	122
b. Severely Mentally Ill	51	* 119	170
c. Chronic Substance Abuse	40	* 73	113
d. Veterans	28	* 104	132
e. Persons with HIV/AIDS	0	* 7	7
f. Victims of Domestic Violence	36	* 21	57
g. Unaccompanied Youth (Under 18)	0	* 4	4

If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:

Data Source: ☒ Point-in-time count **OR** ☐ Estimate

Part 3: Hurricane Katrina Evacuees	**Sheltered**	**Unsheltered**	**Total**
Total number of Katrina evacuees	0	0	0
Of this total, enter the number of evacuees homeless **prior to** Katrina	0	0	0

*Optional for Unsheltered

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

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the *primary* method used to enumerate sheltered homeless persons in the CoC (check one):	
☐	**Point-in-Time (PIT) no interview** – Providers did not interview sheltered clients during the point-in-time count
☒	**PIT with interviews** – Providers interviewed each sheltered individual or household during the point-in-time count
☐	**PIT plus sample of interviews** – Providers conducted a point-in-time count **and** interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
☐	**PIT plus extrapolation** – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
☐	**Administrative Data** – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
☐	**HMIS** – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
☐	**Other** – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
☒	**Instructions** – Provided written instructions to providers for completing the sheltered point-in-time count
☐	**Training** – Trained providers on completing the sheltered point-in-time count
☒	**Remind and Follow-up** – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
☐	**HMIS** – Used HMIS to verify data collected from providers for the sheltered point-in-time count
☐	**Other** – please specify:
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
☐	Biennial (every two years)
☐	Annual
☐	Semi-annual
☒	Other – please specify: Quarterly
(4) Month and Year when next count of sheltered homeless persons will occur: 07/2006	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
100 %	Emergency shelter providers
100 %	Transitional housing providers
100 %	Permanent Supportive Housing providers

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
☐	**Public places count** – CoC conducted a point-in-time count without client interviews
☒	**Public places count with interviews** – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
☐	**Sample of interviews** – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
☐	**Extrapolation** – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
☐	**Public places count using probability sampling** – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
☐	**Service-based count** – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
☐	**HMIS** – Used HMIS to complete the enumeration of unsheltered homeless people
☐	**Other** – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
☐	**Complete coverage** – The CoC counted every block of the jurisdiction
☒	**Known locations** – The CoC counted areas where unsheltered homeless people are known to congregate or live
☐	**Combination** – CoC counted central areas using complete coverage and also visited known locations
☐	**Used service-based or probability sampling** (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
☒	**Outreach teams**
☒	**Law Enforcement**
☒	**Service Providers**
☐	**Community volunteers**
☐	**Other** – please specify**:**
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
☐	**Training –** Conducted a training for point-in-time enumerators
☒	**HMIS –** Used HMIS to check for duplicate information
☒	**Other –** specify: Written instructions provided to outreach workers
(5) How often will counts of unsheltered homeless people take place in the future?	
☐	Biennial (every two years)
☐	Annual
☐	Semi-annual
☒	Quarterly
☐	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur: 07/2006	

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

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: Community Services Council of New Hampshire		Contact Person: Sheila King, Executive Director
Phone: (603) 225-9694 x260	Email: sking@cscnh.org	
Organization Type: State/local government ☐ Non-profit/homeless provider ☒ Other ☐		

CoC-M-1

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

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
New Hampshire Balance of State CoC	NH-500	Manchester CoC	NH-501
Nashua/Hillsborough County CoC	NH-502		

*Find HUD-defined CoC names & numbers at: http://www.hud.gov/offices/adm/grants/fundsavail.cfm CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason:
04/2005			☐ New CoC in 2006 ☐ Still in planning/software selection process ☐ Still in initial implementation process

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	274	253
2005	613	483

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)

Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS not receiving HUD McKinney-Vento funds
Street Outreach	6	0	0
Emergency Shelter	5	3	0
Transitional Housing	6	4	0
Permanent Supportive Housing	4	2	0
TOTALS:	21	9	0

b) Definition of bed coverage in HMIS (please review instructions)

Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)
Emergency Shelter (all beds)	10/2006
Transitional Housing (all beds)	05/2006
Permanent Supportive Housing (McKinney-Vento funded beds only)	05/2006

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

1. HMIS implementation

The NH HMIS Project team, through participation in CoC meetings, site visits, and with input from the HMIS Advisory Group, has worked to identify barriers to HMIS participation.

- Finding the staff time, or funding the staff to input HMIS data is a challenge for many of our homeless provider agencies. Agencies with limited budgets and staffing do not easily have access to resources to do data entry.

- New Hampshire's strong confidentiality and privacy laws are a barrier to the full HMIS participation of programs that would report HIV/AIDS, mental health, substance abuse and domestic violence.

  We have accessed Technical Assistance (TA) to work with HOPWA agencies. The NH HMIS Project team has also worked closely with the NH Coalition to End Homelessness, HUD TA resources and other regional HMIS implementers to identify possible solutions to this participation barrier.

  There are definitive statutory barriers to participation in some instances, as HUD is aware, and while this issue continues to exist, the NH HMIS project team continues to work with all parties toward viable solutions. In addition, New Hampshire's Attorney General has provided the legal opinion that NH confidentiality law preempts the HMIS requirement. We are awaiting HUD's review of this opinion.

- Personnel turnover was a challenge faced by the New Hampshire HMIS implementation during the 2005-2006 grant term. A new program coordinator was hired in October 2005 and our system administrator was out with a serious illness, but is now back to work. Work on HMIS is back on track.

2. HMIS Data and Technical Standards Final Notice requirements

With the collaboration and assistance of the New England Regional Homeless Management Information System (NERHMIS) organization and the TA we have been able to access, we have been addressing challenges to quality data reporting.

- The Data and Technical Standards are not a high priority to many providers. Their priority is providing shelter and housing, not generally data input. There is a need for standardized information and training materials to encourage HMIS participation and good data quality.

- It is sometimes difficult to get our providers to collect all of the Program Data elements from their clients. There are some confidentiality issues with such fields. Training/TA for providers could assist in gaining the best data possible.

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

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

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

Part III: CoC Strategic Planning

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

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
1. Create new PH beds for chronically homeless persons. The GNCOC approach dissects the subpopulations of chronically homeless and creates a plan for each.	• Develop an Oxford House model program within our continuum geography specifically targeting chronically homeless persons with substance abuse. • Apply for available Samaritan initiative resources (1 unit – 2 beds) for chronically homeless persons • Apply for 9 new Section 811 units targeted for persons with mental illness • Create a "Housing Trust Fund" to expand opportunities/resources for PH facilities • Maximize opportunity for permanent housing placements with the newly funded City of Nashua HOPWA grant that are chronically homeless.	Create total of 10 additional PH beds	Create total of 50 additional PH beds	Create total of 100 additional PH beds	Klaas Nijhuis, Harbor Homes. Inc., GNCOC Executive Committee

2. Increase percentage of homeless persons staying in PH over 6 months to 71%. GNCOC measurements for this year reflect a current rate of persons staying in permanent housing at 87%. To maintain that high rate requires action steps as follows.	• Provide supportive services i.e.: employment services, case management, mainstream resources to enhance quality of life and stability • Reduce evictions via Legal Aid, Revolving Loan Fund, homeless prevention toolkit, emergency rental assistance • Implement SAMHSA evidence-based practices for chronically homeless persons with mental illness and substance abuse as of 7/1/06.	Maintain percentage of homeless persons staying in PH at 71% or greater.	Maintain percentage of homeless persons staying in PH at 75% or greater.	Maintain percentage of homeless persons staying in PH at 80% or greater.	Bob Mack, Nashua City Welfare, Ending Homelessness Committee
3. Increase percentage of homeless persons moving from TH to PH to 61%	• Support MP Housing efforts to develop more permanent housing opportunities through the CDFA housing tax credit program • Maryse – care center • Within 30 days on entry to TH program ensure applicants have applied for all available permanent housing resources • Increase education and level of income to afford and retain permanent housing • Utilize and develop accurate data through HMIS implementation.	Increase percentage of homeless persons moving from TH to PH to 23%	Increase percentage of homeless persons moving from TH to PH to 40%	Increase percentage of homeless persons moving from TH to PH to 65%	Maryse Wirbal, Nashua Pastoral Care, Inc., GNCOC Executive Committee

4. Increase percentage of homeless persons becoming employed by 11%.	• Acknowledge that the GNCOC baseline data is inadequate. Develop and utilize accurate data through HMIS and implementation. • Increase referrals to employment programs i.e.: DES, EAP, ESP to obtain employment • Provide on the job support/employment services to obtain employment, i.e.: education, training, transportation, employment placement services & opportunities (temp agencies) • Seek additional leveraging/funding for increased employment services (i.e.: Medicaid reimbursement, mainstream resources)	23% of employable homeless population will be employed.	45% of employable homeless population will be employed.	60% of employable homeless population will be employed.	Patti Julian, Nashua Soup Kitchen and Shelter, Inc., Wrap-around services Committee
5. Ensure that the CoC has a functional HMIS system.	• Maximize participation in the HMIS data collection process • Conduct analysis of current methodology and output measures • Train all agencies not currently participating and train all new staff of all agencies • Ensure data is input to HMIS • Develop partnerships to collect HMIS from all emergency shelters, transitional housing and permanent housing providers.	75% of all ES and TH providers shall report HUD minimum required data for 75% of their client population	100% of all ES, TH and PH providers and all other CoC member agencies providing services to the homeless population shall be reporting to HMIS.	100% of all ES, TH and PH providers and all other CoC member agencies providing services to the homeless population shall be reporting to HMIS.	Miles Pendry, Member HMIS Advisory Committee

O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Health Care	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Mental Health	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Corrections	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No

Foster Care:

Adult living preparation and aftercare planning for children 16 and older (or younger for special needs children) includes: educational and career planning, employment options, vocational training programs, adult advocates and mentors, family supports, medical coverage, and adult housing options or alternatives that are safe and affordable. The DCYF Teen Independent Living Aftercare Program (TIL Aftercare Program) is a voluntary program that provides continued planning and support for eligible young adults between the ages of 18-21 formerly in DCYF/DJJS foster care. This program offers a range of supports and services designed to assist young adults in reaching their educational, employment and personal goals including limited services and funds for household related expenses.

Locally, a committee meets biannually to find the gaps in the State program plans and to fill them with local responses.

Health Care:

Formal protocol in development. The Commissioner of the Department of Health and Human Services requested that the OHHTS establish a Discharge Planning Committee. The Committee has met, and will continue to meet, to discuss the development and implementation of a discharge plan for those citizens leaving institutions and systems of care who are at risk of being homeless.

Locally, a Health Care Committee meets to find ways to establish policies and protocols for the local hospitals and health care providers.

Mental Health:

Development of an individualized discharge plan is initiated by the assigned treatment team upon admission and modified to reflect new data throughout the treatment planning process. The patient/legal guardian, family and significant others, as well as relevant outpatient providers shall be included in the development and implementation of the discharge plan. It shall be designed to facilitate a smooth transition of the patient from the Hospital to home, community or other facility in a manner that will minimize delays in discharge and offer a continuum of care between the Hospital and anticipated care providers. Discharge planning shall be conducted in accordance with all federal, state and regulatory requirements. The Administrator, Community Integration, under the direction of the Medical Director, shall oversee this process.

Corrections:

The Department of Corrections has a formal protocol in place for parolees The Protocol includes participants developing a formal discharge/parole plan, residing in an on-site transitional housing facility and accessing Department Halfway Houses upon release. A formal protocol is being developed for those who complete their sentences and are not subject to parole.

P: CoC Coordination Chart

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	☒	☐
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	☒	☐
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	☒	☐
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	☒	☐
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	☒	☐
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	☒	☐
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	☒	☐
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	2	
Policy Academy* Coordination	**YES**	**NO**
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	☒	☐
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	☒	☐
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	☒	☐
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	☒	☐
Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	☒	☐

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

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name:*Nashua/Hillsborough County CoC						CoC #: NH502			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing VII	**1**	**$ 26,144**	2	PH			
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing III	**2**	**$862,121**	1		PH		
State of New Hampshire	Harbor Homes, Inc.	Permanent Housing II	**3**	**$195,285**	1		PH		
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing V	**4**	**$166,667**	1		PH		
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing IV	**5**	**$100,929**	1		PH		
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing VI	**6**	**$ 54,284**	1		PH		
Greater Nashua Council on Alcoholism, Inc.	Greater Nashua Council on Alcoholism, Inc.	Transitional Living Center	**7**	**$ 60,083**	1		TH		
Marguerite's Place, Inc.	Marguerite's Place, Inc.	Transitional Housing for Homeless Women with Children	**8**	**$ 58,481**	1		TH		
Southern NH Services, Inc.	Southern NH Services, Inc.	Homeless Outreach Initiative	**9**	**$ 32,273**	1		SSO		
Harbor Homes, Inc.	Nashua soup Kitchen and Shelter, Inc.	Employment Advocacy Program	**10**	**$ 59,546**	1		SSO		
NH Division of Behavioral Health Services	Community Services Council of New Hampshire	NH Statewide Homeless management Information System Project (HMIS)	**11**	**$ 12,779**	1		HMIS		
(11) Total CoC Requested Amount:				**$1,628,592**					

**Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.
***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.
****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

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

NOT APPLICABLE

CoC-R

S: CoC Project Leveraging Summary Chart

Name of Continuum	Total Value of Written Commitment
Nashua/Hillsborough County CoC (Greater Nashua Continuum of Care)	$1,842,753

CoC-S

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:

Type of Housing	All SHP Funds Requested (Current Year)	Renewal Projections				
	2006	2007	2008	2009	2010	2011
Transitional Housing (TH)	$ 118,124	$ 118,124	$ 118,124	$ 118,124	$ 118,124	$ 118,124
Safe Havens-TH						
Permanent Housing (PH)	$1,405,430	$1,405,430	$1,431,574	$1,431,574	$1,431,574	$1,431,574
Safe Havens-PH						
SSO	$ 91,819	$ 91,819	$ 91,819	$ 91,819	$ 91,819	$ 91,819
HMIS	$ 12,779	$ 12,779	$ 12,779	$ 12,779	$ 12,779	$ 12,779
Totals	$1,628,152	$1,628,152	$1,654,296	$1,654,296	$1,654,296	$1,654,296

Shelter Plus Care (S+C) Projects:

Number of Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections									
	2006		2007		2008		2009		2010		2011	
	Units	$	Units	$	Units	$	Units	$	Units	$	Units	$
0												
1							3	$159,408	3	$159,408	3	$159,408
2												
3												
4												
5												
Totals								$159,408		$159,408		$159,408

Part IV: CoC Performance

U: CoC Achievements Chart

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
1. Preserve existing single adult housing (SRO's) for chronically homeless individuals	1) Coordinate meeting with nonprofit and public entities to purchase those existing SRO's that are at risk of being lost	1) The GNCOC most significant achievement relative to chronic homelessness has been a decrease in the numbers by 44 (or 27%) in the past year. We are confident that this decrease is primarily due to these individuals attaining permanent housing with supports. A small number of these individuals found their permanent housing in SRO units. 2) An inventory and site visit of all SRO housing in our geography was completed by December 2005. Three sites were identified and evaluated for possible SRO preservation. 3) One nonprofit has gained site control of 11 SRO units as permanent housing during May 2006. They have currently signed a P&S agreement.
2. Increase access to health care, substance abuse and mental health treatment for chronic homeless persons	1) Meet with Mainstream and community service providers in support of ELSHI (Ending Long-Term Homelessness Services Initiative) 2) Establish draft policy for prioritizing chronically homeless population to access services	1) Our continuum has continued to support initiatives which increase supportive service resources such as ELSHI or its current rendition. 2) The GNCOC wrote, sought support and was successful in getting a federal legislative representative to be a co-sponsor of this effort. 1) Members of the GNCOC provided testimony at a public hearing conducted by our State Housing

Goals	Action Steps	Measurable Achievements
		Finance Agency and were successful at persuading a modification to the scoring process of “service enriched housing” which typically may serve chronically homeless persons. This essentially implements the intention of a draft policy.
	3) Create fact sheet identifying specific needs for the chronically homeless population	1) During 8 months of the year a sustained effort to create an effective power point presentation regarding the needs of chronically homeless persons was undertaken. That power point has since been shown more than 20 times to all levels of state decision makers. The power point talks about the need of units for chronically homeless and the rationale and why it is prudent public policy. The final outcome after having presented the power point to the New Hampshire HHS Commissioner has been an agreement to place in the 2008 budget to financial resources for a chronically homeless pilot program. The GNCOC has a wraparound services committee that began meeting in October 2005 which has resulted in one chronically homeless person finding permanent housing thus far. GNCOC Representatives participated in the 10-year plan summit in Denver, CO. in May 2006. The area mental health center provided training for continuum agencies in September 2005 regarding the issue of access to

Goals	Action Steps	Measurable Achievements
		mental health treatment for chronically homeless persons.
	4) Meet with State and Federal legislators and policy makers to advocate for new treatment dollars at state and federal level	1) Meetings were held with the NH HHS commissioner and that by 12/05 we were successful in establishing a special advisory committee on chronically homeless issues. 2) Various members of CoC have met with the community hospitals monthly and have initiated a pilot program to assess the chronic homeless population in order to increase access to services. 3) The GNCOC Ending Homelessness Committee established the Project Homeless Connect planning group which identified needs for the chronically homeless population and participated in the National Project Homeless Connect Day linking chronically homeless to identified resources to meet identified needs.
	5) Establish a health care walk-in clinic for the chronically homeless	1) Two separate efforts to obtain HRSA funded grants for the GNCOC continuum were completed in 2005. Although we have not yet secured such funding efforts continue in partnership with the 330 CHC.
3. Work towards the licensing of a substance abuse treatment center to serve chronically homeless	1) Complete licensing process by securing resources to renovate a building to meet requirements 2) Hire qualified personnel for treatment center	1) In the summer of 05, an application was successfully completed to HUD for chronically homeless persons addicted to alcohol. 1) An application was submitted in November 05 and has been successful at obtaining a funding commitment to start in 1/07 for the operation of a substance abuse treatment facility.

Goals	Action Steps	Measurable Achievements
4. Improve access to mainstream services for chronically homeless persons with low English proficiency	1) Utilize the HMIS software to regularly educate and notify homeless service providers regarding changes to Mainstream service resources to increase access by chronically homeless individuals	1) Throughout 2005 our local Community mental health center hired a bilingual psychiatrist, City of Nashua hired a bilingual outreach worker and Nashua Area Health Center has 50% bilingual staff
5. Increase collaboration with other New Hampshire continua to access funding sources for chronic homelessness	1) Develop a fact sheet of available funding resources with other NH continua	1) Cross Continua Reports have been made monthly at each general COC meeting. 2) A state-wide 10 year plan to end homelessness has been completed and submitted to the Governor on December 21, 2005. Relevant funding and data have been incorporated into this 10 year plan.
6. Create Transitional Housing for chronically homeless males	1) Identify agency to provide housing and support services for this need population 2) Identify a site to create housing resource 3) Seek funding support	1) Harbor Homes, Inc has commenced construction on 15 new units for chronically homeless veterans as of May 4, 2006. 2) Completed in 1/2005. 3) Harbor Homes has obtained $3.5mm for support of this project.
Other Homelessness Goals		
1. Preserve existing housing for homeless individuals and families	1) Coordinate meeting with nonprofit and public entities to purchase existing private housing units 2) Promote the development of additional affordable housing units	1) MP Housing purchased 3 units for seven women and children 2) Harbor Homes, Inc. is currently constructing five new units targeted for veteran families. 3) 31 new permanent housing units to be developed from HOPWA grant funded.

Goals	Action Steps	Measurable Achievements
2. Increase collaboration with other New Hampshire continua to access funding sources for homeless individuals and families	1) Develop a fact sheet of available funding resources with other NH continua	1) In December 2005 this was completed and incorporated into the state-wide 10 year plan.
3. Increase access to mainstream services for other homeless individuals and families	1) Increase the level of information provided to homeless individuals and families with regard to available services	1) The City of Nashua HOPWA grant will add 2.5 FTE positions in total between HHI and Task force to provide case management to 31 HIV+ individuals along with permanent supportive housing. 2) A Homeless Prevention Tool Kit has been completed and began to be utilized in early 2005.
4. Improve access to resources for employment opportunities for homeless individuals and families	1) Coordinate meeting with the NH Department of Employment Security to expand applicability of existing resources to homeless individuals and families	1) Regular participation of members of the State's Rapid Response Team (including Health and Human Services and Employment Services) in general and committee work of the CoC has built the linkages to Employment Security. Marguerite's Place also provides free day care to those who are seeking employment. As of 7/06 local mental health agencies will begin providing newly established vocational counseling services funded by Medicaid.

CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the new CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	336	186					
2005	166	203					
2006	122	203	0	$0	$0	$0	$0

(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).

There was a decrease of 44 chronically homeless individuals in the past program year in the Greater Nashua area. This represents a 27% decrease in the chronically homeless population. A substantial portion of the decrease can be attributed in the intake of 65 chronically homeless persons into Harbor Homes housing programs as vacancies arose. A portion of those vacancies created were from 26 chronically homeless persons who were able to move on to other housing.

CoC-V

W: CoC Housing Performance Chart

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the preceding operating year from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
☐	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
☒	All PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who **exited** PH project(s)—APR Question 12(a)	20
b.	Number of participants who did **not leave** the project(s)—APR Question 12(b)	80
c.	Number who **exited** after staying 7 months or longer in PH—APR Question 12(a)	17
d.	Number who did **not leave** after staying 7 months or longer in PH—APR question 12(b)	70
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	87%

2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH *not* identified as permanent housing. Complete the following chart utilizing data based on the preceding operating year from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
☐	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
☒	All TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	26
b.	Number of participants who moved to PH	17
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	65%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

☐	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
☒	All non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	**(2) Income Source**	**(3) Number of Exiting Adults with Each Source of Income**	**(4) Percent with Income at Exit (Col 3÷Col 1 x 100)**
88	a. SSI	17	**19.3%**
88	b. SSDI	15	**17.1%**
88	c. Social Security	1	**1.1%**
88	d. General Public Assistance	6	**6.8%**
88	e. TANF	15	**17.1%**
88	f. SCHIP	13	**14.7%**
88	g. Veterans Benefits	0	**0.0%**
88	**h. Employment Income**	**73**	**82.9%**
88	i. Unemployment Benefits	0	**0.0%**
88	j. Veterans Health Care	2	**2.3%**
88	k. Medicaid	31	**35.2%**
88	l. Food Stamps	52	**59.1%**
88	m. Other (please specify) APTD, Child Support	2	**2.3%**
88	n. No Financial Resources	4	**4.6%**

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

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

CoC-Y

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

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

Project Number	Applicant Name	Project Name	Grant Amount
	NOT APPLICABLE		
		Total:	

AA: CoC Participation in Energy Star Chart

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

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

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 100%

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	☐	☒
2. **If you answered yes to Question 1:** Is the project requesting $200,000 or more?	☐	☐

3. **If you answered yes to Question 2:**
What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? **Check all that apply:**

☐ The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.

☐ The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.

☐ The project will notify any area Youthbuild programs of job opportunities.

☐ If the project will be awarding competitive contracts of more than $100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.

*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; 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.

America's Affordable Communities Initiative	**U.S. Department of Housing and Urban Development**	OMB approval no. 2510-0013 (exp. 03/31/2007)

Public reporting burden for this collection of information is estimated to average 3 hours. This includes the time for collecting, reviewing, and reporting the data. The information will be used for encourage applicants to pursue and promote efforts to remove regulatory barriers to affordable housing. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties

[Collectively, Jurisdiction]

	1	2
1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4.	☐ No	☒ Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	☐ No	☒ Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.	☐ No	☒ Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?	☐ Yes	☒ No
5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.	☐ No	☒ Yes

Question	No	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	☐ No	☒ Yes
7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	☐ No	☒ Yes
8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "*Smart Codes in Your Community: A Guide to Building Rehabilitation Codes*" (www.huduser.org/publications/destech/smartcodes.html)	☒ No	☐ Yes
9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes? Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	☐ No	☒ Yes
10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	☐ No	☒ Yes
11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	☐No	☒ Yes

12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.	☒ No	☐ Yes
13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (*e.g.* water, sewer, street width) to significantly reduce the cost of housing?	☒ No	☐ Yes
14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)	☐ No	☒ Yes
15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?	☐ No	☒ Yes
16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	☒ No	☐ Yes
17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	☒ No	☐ Yes
18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	☐ No	☒ Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	☐ No	☒ Yes
20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	☐ Yes	☒ No
Total Points:	**5**	**15**