

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.

CoC Name and Number (From CoC Registration): NH-502 - Nashua/Hillsborough County CoC

CoC Lead Organization Name: Harbor Homes Inc.

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Greater Nashua Continuum of Care

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 84%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

Any individual or organization operating or representing an interest within the service area that subscribes to the purposes and basic policies of the GNCOC, and whose participation will contribute to the GNCOC's ability to carry out its purposes, may become a member.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Yes, if provided with additional administrative funds from HUD, the Greater Nashua CoC (GNCOC) would be able to hire the staff necessary to ensure a competitive application for HUD funding as well as provide comprehensive project oversight and monitoring. The GNCOC member agencies would be able to provide technical assistance during the transition to COC administration of HUD funding.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
GNCOC Executive C...	Monthly or more
Ending Homelessne...	Monthly or more
Date Gathering Co...	Quarterly
Revolving Loan Fu...	Quarterly
Legislative Affai...	Quarterly
HMIS Advisory Com...	Monthly or more
Governor's Intera...	Quarterly
Super NOFA Committee	Monthly or more
Discharge Plannin...	Quarterly
Community Relatio...	Quarterly
Balance of State CoC	Monthly or more
Manchester Contin...	Quarterly
Homeless Provider...	Monthly or more
Winter Shelter Be...	Annually
NH Coalition to E...	Monthly or more
Project Homeless ...	Quarterly
New Hampshire Poi...	Monthly or more
New Hampshire Hou...	Monthly or more
SOAR (SSI/SSDI Ou...	Quarterly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: GNCOC Executive Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Develops strategies to eradicate homelessness/chronic homelessness aligning with 10-year plan, City and State Consolidated Plan; plans meetings; makes recommendations to entire GNCOC voting body.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Ending Homelessness Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

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.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Date Gathering Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Conducts annual point-in-time homeless census; identifies gaps; determines strategy effectiveness and future needs.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Revolving Loan Fund Advisory Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Developed and now implements loan fund for emergency mortgage and rental assistance.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Legislative Affairs Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Monitors public policy under consideration; updates GNCOC on pertinent legislation pending; acts as liaison to inform legislature of issues pertaining to the mission of GNCOC.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Advisory Committee (Statewide Committee)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

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.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Governor's Interagency Council on Homelessness (ICH)

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Drafted and now implementing State of New Hampshire's 10-year plan to end homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Super NOFA Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Works together to gather information and data to complete SuperNOFA application.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Developed and now implements discharge plan for those citizens leaving institutions and systems of care who are at risk of being homeless.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Community Relations Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Serves as public awareness/public relations arm of GNCOC; has contact with local and regional news media; makes presentations to general public as necessary.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Balance of State CoC

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Representative attends their general meetings, shares information from GNCOC and reports back to GNCOC on areas for collaboration.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Manchester Continuum of Care

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

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.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Providers Wraparound Services Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Reviews individual homeless/chronically homeless cases to identify need, develop a plan, and then connect the person with appropriate services.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Winter Shelter Beds Planning Committee

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Meets to discuss shelter capacity and planning for winter overflow.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: NH Coalition to End Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Works to eliminate the causes of homelessness through advocacy, education, and community organizing.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Project Homeless Connect

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Plans and executes a day of sharing information on agencies' resources to the homeless/chronically homeless population and the general public.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: New Hampshire Point-in-Time Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Insures a consistent, broad point-in-time count of chronically homeless individuals and homeless individuals/families throughout the State of New Hampshire

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: New Hampshire Housing Forum

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

State-wide forum focused on affordable housing strategies.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SOAR (SSI/SSDI Outreach Access and Recovery) Steering Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Strategies for increasing success in accessing mainstream resources for homeless persons.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Community Services Council of New Hampshire	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Bureau of Homeless and Housing Services	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
NH Department of Health & Human Services Divisi...	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
US Department of Housing & Urban Development	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Veterans Administration	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
NH Office of Alcohol and Drug Policy	Public Sector	State g...	Committee/Sub-committee/Work Group	Substance Abuse
City of Nashua - Mayor and Board of Aldermen	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Nashua/Community Development Division	Public Sector	Local g...	Authoring agency for Consolidated Plan	NONE
City of Nashua/Urban Programs Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Nashua Department of Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Nashua Transit Authority	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Nashua Welfare Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
Town of Amherst	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Town of Brookline	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Town of Hollis	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Town of Hudson	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Town of Litchfield	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Town of Mason	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Town of Merrimack	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Nashua/Hillsborough County CoC			COC_REG_v10_000335	
Nashua Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
New Hampshire Housing Authority	Public Sector	Publi c ...	None	NONE
Town of Milford	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Town of Mont Vernon	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Greater Nashua Habitat for Humanity	Private Sector	Non- pro.. .	None	NONE
Office of Senator John Sununu	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Child & Family Services of New Hampshire	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
State Representative Cynthia Rosenwald	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
American Red Cross	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Gateways	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Boys and Girls Club	Private Sector	Non- pro.. .	None	Youth
Bridges - Domestic & Sexual Violence Support	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
CHINS Diversion Program/The Youth Council	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Youth
Community Council of Nashua, Inc.	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Girls, Inc.	Private Sector	Non- pro.. .	None	Youth
Greater Nashua Council on Alcoholism, Inc./Keys...	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substan ce Abuse
Greater Nashua Dental Connection	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Harbor Homes, Inc.	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Hillsborough County Family Intervention Program	Private Sector	Non- pro.. .	None	Youth
MP Housing, Inc.	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substan ce Ab...

Nashua/Hillsborough County CoC				COC_REG_v10_000335
Milford Regional Counseling Services, Inc.	Private Sector	Non-pro..	None	NONE
Minority Health Coalition	Private Sector	Non-pro..	None	NONE
NH Legal Assistance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Nashua Pastoral Care Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
Nashua Children's Home	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	Youth
Nashua Soup Kitchen & Shelter, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Neighborhood Housing Services of Greater Nashua	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Service Link	Private Sector	Non-pro..	None	NONE
Southern NH HIV/AIDS Task Force	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AID S
Southern NH Services, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, L...	NONE
The Nashua Telegraph	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
The PLUS Company	Private Sector	Non-pro..	None	NONE
Tolles Street Mission	Private Sector	Non-pro..	None	NONE
The Upper Room Compassionate Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Corpus Christi Food Pantry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Greater Nashua Interfaith Hospitality Network, ...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Marguerite's Place, Inc.	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substan ce Ab...
SHARE (food cooperative)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. John Neumann	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
NH Catholic Charities	Private Sector	Faith-b...	None	NONE

Nashua/Hillsborough County CoC				COC_REG_v10_000335
United Way of Greater Nashua	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Community Development Finance Authority	Private Sector	Funder ...	None	NONE
NH Loan Fund	Private Sector	Funder ...	None	NONE
Heritage United Way (211)	Private Sector	Funder ...	None	NONE
NAMI Nashua Affiliate	Private Sector	Funder ...	Committee/Sub-committee/Work Group	Seriously Me...
Merrimack County Savings Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Citizens Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
St. Joseph Hospital	Private Sector	Hospitals	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Southern New Hampshire Medical Center	Private Sector	Hospitals	None	NONE
Nashua Area Health Center	Private Sector	Hospitals	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Laura N	Individual	Homeless	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Anne Q	Individual	Homeless	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
"Connections" Members (peer support resource ce...	Individual	Homeless	Committee/Sub-committee/Work Group	Seriously Me...
Care Net	Private Sector	Non-profit	None	NONE
Merrimack River Medical Services	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
State Representative Joan Schulze	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
State Representative David Smith	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Office of Representative Paul Hodes	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods:
(select all that apply)

a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

Rating and Performance Assessment Measure(s):
(select all that apply)

a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

Voting/Decision Method(s):
(select all that apply)

a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The entire change was the result of reclassification of Greater Interfaith Hospitality Network and Greater Nashua Council on Alcoholism from Emergency Shelter to Transitional Housing.

Safe Haven Bed: Yes

Briefly describe the reasons for the change:

Last year there was no Safe Haven category and now Harbor Homes, Inc. has elected to classify their beds in this category.

Transitional Housing: Yes

Briefly describe the reasons for the change:

Reclassification of the emergency shelter beds to this category and the addition of Harbor Homes, Inc. two veterans' programs increased the number of transitional beds.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The development of new units helped to increase this number. Our chronically homeless beds decreased due to reclassification of beds, based on use of HMIS data and more stringent data quality controls.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	E-HIC	10/20/2008

Attachment Details

Document Description: E-HIC

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/30/2008
(mm/dd/yyyy)

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

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Updated prior housing inventory information, Follow-up, Confirmation, HMIS, Other
(select all that apply)

Must specify other:

Provided technical assistance on a demand response basis for agencies.

Indicate the type of data or method(s) used to determine unmet need: Stakeholder discussion, Applied statistics, HUD unmet need formula, Unsheltered count, HMIS data
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

The GNCOC Lead Entity analyzed various data sources, and in conjunction with HUD's unmet need formula determined the unmet need in Greater Nashua.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Regional (multiple CoCs)

**Select the CoC(s) covered by the HMIS:
(select all that apply)** NH-500 - New Hampshire Balance of State CoC,
NH-501 - Manchester CoC, NH-502 -
Nashua/Hillsborough County CoC

**Does the CoC Lead Organization have a
written agreement with HMIS Lead
Organization?** No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as
CoC Lead Organization?** No

**Has the CoC selected an HMIS software
product?** Yes

If "No" select reason:

If "Yes" list the name of the product:

**What is the name of the HMIS software
company?** Bowman Internet Systems, LLC

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

**Is this an actual or anticipated HMIS data
entry start date?** Actual Data Entry Start Date

**Indicate the date on which HMIS data entry
started (or will start):
(format mm/dd/yyyy)** 01/01/2005

**Indicate the challenges and barriers
impacting the HMIS implementation:
(select all the apply):** Inadequate staffing, Inadequate resources

**If "None" was selected, briefly describe why CoC had no challenges or
how all barriers were overcome:**

Briefly describe the CoC's plans to overcome challenges and barriers:

The CoC will overcome inadequate staffing and resources by looking into web based technologies for training, addressing employee turnover at the agency level, train more homeless program employees at a time, and pursue local and national grant opportunities for NH-HMIS.

Attachment Details

Document Description:

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Community Services Council of New Hampshire
Street Address 1 PO Box 2338
Street Address 2
City Concord
State New Hampshire
Zip Code 03302-2338
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify

2C. Homeless Management Information System (HMIS) Contact Person

Prefix: Ms
First Name: Linda
Middle Name/Initial:
Last Name: Newell
Suffix:
Telephone Number: 603-228-2218
(Format: 123-456-7890)
Extension: 276
Fax Number: 603-225-4158
(Format: 123-456-7890)
E-mail Address: Inewell@cscnh.org
Confirm E-mail Address: Inewell@cscnh.org

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

Instructions:

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.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Monthly

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

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

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	3%
* Date of Birth	5%	0%
* Ethnicity	10%	0%
* Race	8%	0%
* Gender	2%	0%
* Veteran Status	12%	2%
* Disabling Condition	4%	0%
* Residence Prior to Program Entry	1%	2%
* Zip Code of Last Permanent Address	2%	1%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? Yes

Did the CoC or subset of the CoC participate in AHAR 4? Yes

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Annually

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

NH-HMIS has been producing monthly data quality reports (formerly called error reports) for every participating agency. These data quality reports identify the percentage of answered HMIS data elements in summary and detail client record by client record which data elements are missing or incongruent.

NHHMIS

has made a concerted effort to discuss these reports at Continuum of Care meetings and NH-HMIS Advisory Council meetings. Our data quality has continued to improve as we have expanded to non-HMIS required agencies. NH-HMIS also spends time during training discussing the importance of data quality. Participating in AHAR has also given us more tools to assist participating agencies with data quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

The NH-HMIS Policies and Procedures discuss Program Entry and Exit Dates in Section 2.4 Implementation Requirements. The policy states Entry/Exit and Shelter Point Policy - all participating agencies shall utilize the Entry/Exit process for every client entered into NH-HMIS. Additionally, every participating agency that has a housing component (Emergency Shelter, Transitional Housing, Permanent Housing, or Mobile Voucher Programs) must utilize Shelter Point. Additionally, NH-HMIS trains all participating agency staff to record accurate and timely entry and exit dates. NH-HMIS also runs and distributes Null Exit Date reports frequently to address missing exit dates. The APR has also given NH-HMIS an opportunity to reinforce the importance of entry and exit dates. The goal is to produce APRs for all HUD funded agencies through HMIS and to complete the report accurate entry and exit dates are required.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Annually

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Never
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

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

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

If 'Yes' indicate date of last review or update by CoC: 04/16/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/30/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

		Households with Dependent Children			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Number of Households		41	24	13	78
Number of Persons (adults and children)		133	63	37	233
		Households without Dependent Children			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Number of Households		93	43	86	222
Number of Persons (adults and unaccompanied youth)		93	43	88	224
		All Households/ All Persons			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Total Households		134	67	99	300

Nashua/Hillsborough County CoC			COC_REG_v10_000335	
Total Persons	226	106	125	457

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	52	58	110
* Severely Mentally Ill	80	44	124
* Chronic Substance Abuse	75	64	139
* Veterans	48	5	53
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	43	25	68
* Unaccompanied Youth (under 18)	2	0	2

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/28/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:

(Select all that apply):

Survey Providers:	X
HMIS:	X
Extrapolation: (Extrapolation attachment is required)	
Other:	

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The New Hampshire Point-in-Time Committee (NH-PIT) was formed and began to meet on March 13, 2007 to standardize a sheltered data collection methodology across the three NH Continua of Care. The methodology that was adopted throughout NH included mandatory reporting from every emergency shelter and transitional housing program, a set of universal elements on a common survey tool, and a verification process through NH-HMIS. NH-HMIS staff analyzes the data, once collected and verified by each CoC, and the counts are created for each CoC separately and then combined for a statewide number. This standard methodology was employed across NH for the first time, a logical comparison to 2007 PIT count is not possible. The overall number of homeless persons was reduced, however, that is mainly due to the new standard methodology and a duplication reduction process. NH-PIT believes that 2009 PIT will have comparable qualities to 2008 and analysis will be possible.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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: (PIT attachment is required)		<input type="checkbox"/>
	Sample Strategy:	<input type="checkbox"/>
	Provider Expertise:	<input type="checkbox"/>
	Non-HMIS client level information:	<input type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input checked="" type="checkbox"/>

If Other, specify:

The PIT data was collected via provider surveys for each client surveyed during the 24-hour period

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

The sheltered methodology that was adopted throughout New Hampshire (NH) included mandatory reporting from every emergency shelter and transitional housing program, a set of universal elements (including all subpopulation data) on a common survey tool, and a verification process through NH-HMIS. NH-HMIS

staff analyzes the data, once collected and verified by each CoC, and the counts are created for each CoC separately and then combined for a statewide number. This standard methodology was employed across NH for the first time, a logical comparison to 2007 PIT count is not possible. The overall number of sheltered chronically homeless persons was slightly increased. The number increased by 34 chronically homeless (that is +32 for BoSCoC; +17 for GNCoC; and -15 for MCoC). Due to the change in methodology across NH this number is pleasantly within the variation we expected. The subpopulation data analysis for next year will be more useful as we employ the NH-PIT sheltered methodology for a second time.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

NH-PIT created a duplication reduction process for all sheltered and unsheltered data collected. The duplication was reduced by analyzing unique client information within each CoC and then across all 3 CoC. The NH-PIT survey tool contained the following data elements by which we could de-duplicate the data: the first letter of the first name, first letter of the last name, third letter of the last name, year of birth, and gender. These elements were combined to create a unique code for each client; for example: John Doe 1965 would become jde1965m. Once the unique client code was created we would identify duplicates and determine if they were actually duplicates based upon their subpopulation data and location. We identified more duplicates this year than in any year prior.

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used to reduce duplication.

NH-PIT created a duplication reduction process for all sheltered and unsheltered data collected. The duplication was reduced by analyzing unique client information within each CoC and then across all 3 CoC. The NH-PIT survey tool contained the following data elements by which we could de-duplicate the data: the first letter of the first name, first letter of the last name, third letter of the last name, year of birth, and gender. These elements were combined to create a unique code for each client; for example: John Doe 1965 would become jde1965m. Once the unique client code was created we would identify duplicates and determine if they were actually duplicates based upon their subpopulation data and location. We identified more duplicates this year than in any year prior.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The CoC has employed a comprehensive outreach strategy through the Homeless Outreach and Intervention Program (HOIP) for 10+ years. The HOIP workers focus on all homeless clients including households with children. Between HOIP and the New Hampshire Homeless Hotline (NHHH) households with dependent children are identified and outreached on a daily basis. When children are involved both HOIP and NHHH have more tools that they can employ to assist the household into shelter and out of shelter. The State of New Hampshire developed and implemented a first month rent and security deposit program called the Homeless Housing Access Revolving Loan Fund (HHARLF) that assists homeless families to transition from shelter to their own apartment.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The CoC has employed a comprehensive outreach strategy through the Homeless Outreach and Intervention Program (HOIP) for 10+ years. The HOIP workers focus on all homeless clients including persons that routinely reside in places not meant for human habitation. The HOIP workers have a working knowledge of homeless encampments throughout the State and routinely engage those individuals with the basic necessities. HOIP workers attempt to engage clients and provide them with shelter, but many do not accept until winter begins and sleeping outdoors is not only dangerous, it is deadly.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Apply for available Samaritan initiative resources for chronically homeless persons	President, Harbor Homes Inc.
Action Step 2	Use funds awarded to the State of New Hampshire under the Housing Stabilization Program (Title III of HERA) to create new accessible permanent housing for chronically homeless people.	Chair, GNCOC Ending Homelessness Committee
Action Step 3	Access 35 newly awarded VASH subsidies for chronically homeless veterans	Homeless Liaison, Veterans Administration

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	136
Numeric Achievement in 12 months	153
Numeric Achievement in 5 years	203
Numeric Achievement in 10 years	253

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Monthly performance outcome measures through HMIS	HMIS System Administrator Community Services Council
Action Step 2	Continue to provide supportive services and access to Mainstream resources to maintain permanent housing	Program Director, Southern NH Services, Inc.
Action Step 3	Reduce evictions via NH Legal Assistance emergency rental assistance and resources identified in the Homeless Prevention Toolkit	Welfare Officer, City of Nashua NH

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	83
Numeric Achievement in 12 months	86
Numeric Achievement in 5 years	88
Numeric Achievement in 10 years	90

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Ensure all applicants have applied for all permanent housing resources within 30 days of entry into TH program.	Director of Operations, Marguerite's Place, Inc.
Action Step 2	Increase education and income level of TH residents in order to obtain and maintain permanent housing upon exiting the program.	Employment Advocate, Nashua Soup Kitchen and Shelter, Inc.
Action Step 3	Support efforts to create more permanent housing through CDFA housing tax credit program.	Director, MP Housing, Inc.

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	61
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	68

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Provide employment services and on-the-job support to obtain and maintain employment (i.e. education, skills training, transportation assistance, employment placement)	Supportive Employment Program Director, Harbor Homes, Inc.
Action Step 2	Develop learning center for homeless persons	Project Director, Linkabilities
Action Step 3	Implement recently awarded HVRP grant	Supportive Employment Program Director, Harbor Homes, Inc.

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	31
Numeric Achievement in 12 months	33
Numeric Achievement in 5 years	35
Numeric Achievement in 10 years	37

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Apply for \$52,473 for Rapid Re-housing for families demonstration program	Director, Nashua Care Center

Nashua/Hillsborough County CoC		COC_REG_v10_000335
Action Step 2	advocate for more Section 8 vouchers and other affordable housing options	Chair, Legislative Affairs Committee
Action Step 3	Provide education and advocacy to families at risk of foreclosure and eviction	Educator, Neighborhood Housing Services

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	13
Numeric Achievement in 12 months	9
Numeric Achievement in 5 years	5
Numeric Achievement in 10 years	1

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Formal Protocol Implemented
Health Care Discharge Protocol: Formal Protocol Implemented
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Aftercare planning for children 16 and older (or younger for special needs children) includes: adult living preparation, 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. According to the Bureau of Homeless Housing and Transportation Services (BHHTS), shelters and McKinney-Vento funded TH and PH programs are not appropriate housing for this population. 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. This Discharge Planning Protocol is understood and agreed to by the Greater Nashua CoC and the systems of care in the CoC geographic area identified in this application.

Health Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

A revised Homeless Prevention Discharge Plan was adopted by both the Discharge Planning Committee and the DHHS Commissioner in March 2007. Members from various health care providers, including Greater Nashua CoC members were represented. A protocol was established as part of the plan that calls for health care providers to communicate with homeless outreach services and housing resources to provide human services resource packets for distribution to patients who are homeless upon admission and/or identified as at risk of homelessness upon discharge. This Discharge Planning Protocol is understood and agreed to by the Greater Nashua CoC and the systems of care in the CoC geographic areas identified in this application.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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 are included in the development and implementation of the discharge plan. It is 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, oversees this process. This Discharge Planning Protocol is understood and agreed to by the Greater Nashua CoC and the systems of care in the CoC geographic area identified in this application.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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. DHHS is in the process of entering into a Memorandum of Agreement with the Department of Corrections regarding Medicaid eligibility determination at least 90 days prior to an inmates' release. This Discharge Planning Protocol is understood and agreed to by the Greater Nashua CoC and the systems of care in the CoC geographic area identified in this application.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	DCYF Discharge Plan	09/24/2008
Mental Health Discharge Protocol	No	New Hampshire Hos...	09/24/2008
Corrections Discharge Protocol	No	State of NH DOC D...	10/01/2008
Health Care Discharge Protocol	No	State of NH Disch...	09/24/2008

Attachment Details

Document Description: DCYF Discharge Plan

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: New Hampshire Hospital Discharge Policy

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: State of NH DOC Discharge policy

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: State of NH Discharge Plan

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

The goals of the Consolidated Plan (hereinafter Plan) generally address the goals to provide decent housing and a suitable living environment and expand economic opportunities and to expand the supply of decent, safe, sanitary, and affordable housing.

The Plan, at §2B, states that the City's emphasis is to end homelessness and produce about 40 units of suitable permanent housing per year for the chronically homeless.

At §3A, Needs of Homeless Persons, the Plan states that the need for TH and PH (supportive) are significant and states that the Ending Homelessness Plan suggests that some 400 units need to be brought on line in the next 8 years.

Also in this section, the strategy for preventing and ending homelessness (pursuant to the Ending Homeless Plan, 2004) is articulated, but without specificity.

The Goal, at the Plan, §5(A)(3), is to end homelessness in the community by 2012, by implementing the Ending Homeless Plan.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

- #1 Prevent homelessness whenever possible
- #2 Rapidly re-house homeless individuals and families
- #3 Provide wrap-around services to homeless and at risk individuals and families

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	212	Beds	136	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	86	%	83	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	61	%
Increase percentage of homeless persons employed at exit to at least 18%	55	%	31	%
Ensure that the CoC has a functional HMIS system	90	%	91	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	122	203
2007	95	207
2008	110	133

Indicate the number of new PH beds in place ² and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0				
Operations	\$12,724				\$1,687
Total	\$12,724	\$0	\$0	\$0	\$1,687

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	31
b. Number of participants who did not leave the project(s)	69
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	50
e. Number of participants who did not leave and were enrolled for 5 months or less	
TOTAL PH (%)	83
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	36
b. Number of participants who moved to PH	22
TOTAL TH (%)	61

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 115

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	11	10 %
SSDI	17	15 %
Social Security	0	0 %
General Public Assistance	6	5 %
TANF	17	15 %
SCHIP	5	4 %
Veterans Benefits	1	1 %
Employment Income	36	31 %
Unemployment Benefits	0	0 %
Veterans Health Care	2	2 %
Medicaid	36	31 %
Food Stamps	49	43 %
Other (Please specify below)	12	10 %
child support, pension benefits		
No Financial Resources	21	18 %

The percentage values are automatically calculated by the system when you click the "save" button.

4E. 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 Energy Star initiative go to: <http://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 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.

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

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

The HMIS administrator provides a monthly summary to the GNCOC and each member agency. Annually the GNCOC Executive Committee, as part of the SuperNOFA ranking process, systematically analyzes each APR.

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.

The Wrap-around Committee of the GNCOC meets monthly to improve participation in mainstream programs. Meeting dates were: 10/23/07, 11/27/07, 01/22/08, 02/26/08, 03/25/08, 04/22/08, 05/26/08, 06/24/08, 07/22/08, 08/26/08 and 09/23/08.

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. Bi-monthly

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

3/26/08-3/27/08, 6/11/08-6/12/08, and 9/23/08-9/24/08

4G: 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:	100%
Services are provided one on one by homeless providers.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
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%
Food Stamps, TANF, SCHIP, Medicaid, Child Care Assistance	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case managers work with clients one-on-one to follow up on benefits.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - 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]

<p>*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"?</p> <p>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 select No. If you select No, skip to question # 4.</p>	Yes
<p>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?</p>	Yes
<p>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 (multi-family 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?</p> <p>(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.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>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?</p>	Yes

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	Yes
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>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 (http://www.huduser.org/publications/destech/smartcodes.html)</p>	No
<p>*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.</p> <p>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?</p>	Yes
<p>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.</p>	
<p>*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?</p>	Yes
<p>*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?</p>	Yes
<p>*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, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*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?</p>	No

Part A - Page 3

<p>*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?</p> <p>(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.)</p>	Yes
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*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?</p>	No
<p>*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?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	Yes
<p>*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?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Permanent Housing 3	2008-10-09 12:17:...	1 Year	Harbor Homes, Inc.	862,121	Renewal Project	SHP	PH	F3
Permanent Housing 6	2008-10-09 12:34:...	1 Year	Harbor Homes, Inc.	54,283	Renewal Project	SHP	PH	F7
Transitional Living...	2008-10-09 13:04:...	1 Year	Greater Nashua Co...	60,083	Renewal Project	SHP	TH	F10
Marguerite's Place...	2008-09-23 13:03:...	1 Year	Marguerite's Place...	58,481	Renewal Project	SHP	TH	F9
Permanent Housing 4	2008-10-09 12:25:...	1 Year	Harbor Homes, Inc.	100,929	Renewal Project	SHP	PH	F5
Greater Nashua Ra...	2008-10-03 14:00:...	3 Years	Nashua Pastoral C...	52,362	New Project	SHP	TH	R2
Employment Advocacy...	2008-10-09 13:06:...	1 Year	Harbor Homes, Inc.	59,546	Renewal Project	SHP	SSO	F12
Permanent Housing 5	2008-10-16 08:51:...	1 Year	Harbor Homes, Inc.	166,666	Renewal Project	SHP	PH	F6
Permanent Housing 2	2008-10-09 12:00:...	1 Year	State of New Hamp...	195,285	Renewal Project	SHP	PH	F4
Homeless Management e...	2008-09-19 11:07:...	1 Year	State of New Hamp...	12,779	Renewal Project	SHP	HMIS	F13
Permanent Housing 7	2008-10-09 12:45:...	1 Year	Harbor Homes, Inc.	13,073	Renewal Project	SHP	PH	F8
Permanent Housing 9	2008-10-09 13:00:...	2 Years	Harbor Homes, Inc.	26,237	New Project	SHP	PH	S1
Nashua Homeless O...	2008-10-01 11:22:...	1 Year	Southern New Hamp...	32,192	Renewal Project	SHP	SSO	F11

Budget Summary

FPRN	\$1,615,438
Rapid Re-Housing	\$52,362
Samaritan Housing	\$26,237
SPC Renewal	\$0
Rejected	\$0