1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

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 are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- 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

If less than bi-monthly, please explain (limit 500 characters):

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:	
Assigned:	X
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

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:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available 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 a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
GNCoC Executive Committee	Develops strategies to eradicate homelessness and chronic homelessness aligning with the communitys' 10-year plan, City and State Consolidated Plan and makes recommendations to entire GNCoC voting body	Monthly or more
Ending Homelessness Committee	Oversees updates and implementation of the 10-year plan goal to end homelessness; engages the community to increase awareness and coordinates collaborative efforts to meet these goals.	Monthly or more
Data gathering and HMIS Committee	Conducts the annual point-in-time homeless census; identifies gaps; determines strategy effectiveness and future needs around data collection. Also, oversees the statewide HMIS implementation and deployment	quarterly (once each quarter)
Community Relations Committee	Serves as the public relations vehicle for the GNCoC; it is the primary contact with local and regional news media; makes presentations to general public and other community leaders about homeless issues in order to engage community members through outreach and education	quarterly (once each quarter)
Greater Nashua Continuum of Care Committee	The Continuum of Care Committee is the overall homeless planning and coordinating entity. The General GNCoC committee works in collaboration with other sub-committees and member organizations in order to gather information and data to complete the annual McKinney-Vento CoC application.	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Community Services Council of New Hampshire	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	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...	Attend 10-year planning meetings during past 12 months, C...	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
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...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Nashua Department of Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Nashua Welfare Department	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Town of Amherst	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Town of Brookline	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Town of Hollis	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Town of Hudson	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Town of Litchfield	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Town of Mason	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Town of Merrimack	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE

Nashua Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Town of Milford	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Town of Mont Vernon	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Child & Family Services of New Hampshire	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
State Representative Cynthia Rosenwald	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Greater Nashua Red Cross	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Gateways	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Bridges - Domestic & Sexual Violence Support	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
CHINS Diversion Program/The Youth Council	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Greater Nashua Mental Health Center at Communit...	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Serio...
Greater Nashua Council on Alcoholism, Inc./Keys...	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Greater Nashua Dental Connection	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Harbor Homes, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	Veterans, Se...
MP Housing, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
NH Legal Assistance	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Nashua Pastoral Care Center	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Nashua Children's Home	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	Youth
Nashua Soup Kitchen & Shelter, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE

Neighborhood Housing Services of Greater Nashua	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Southern NH HIV/AIDS Task Force	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	HIV/AIDS
Southern NH Services, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
The Nashua Telegraph	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Tolles Street Mission	Private Sector	Non-pro...	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...	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
St. John Neumann	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Salvation Army	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
NH Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
United Way of Greater Nashua	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
St. Joseph Hospital	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	NONE
Nashua Area Health Center	Private Sector	Hospita...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Laura N	Individual	Homeless	Attend 10-year planning meetings during past 12 months, C...	NONE
Anne Q	Individual	Homeless	Attend 10-year planning meetings during past 12 months, C...	NONE
"Connections" Members (peer support resource ce...	Individual	Homeless	Committee/Sub-committee/Work Group	Veterans, Se...
Merrimack River Medical Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
State Representative Joan Schulze	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Office of Representative Paul Hodes	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE

Child and Family Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Dean L	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Dennis and Janet R	Individual	Other	Committee/Sub-committee/Work Group	NONE
Rivier College	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth
St. John Neuman Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Stewart Property Management	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Southern NH Rescue Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Workforce Opportunity Council	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Gate City Health and Wellness Immigrant Integra...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

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

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

Voting/Decision-Making Method(s): (select all that apply) a. Unbiased Panel/Review Commitee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

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

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

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

There was an increase of 4 new individual emergency shelter beds and an increase of 2 additional family beds in 2009. The increase of 4 new individual beds is the result of Southern New Hampshire Rescue Mission offering space on a need basis to individuals who are homeless and are currently on the streets in the winter months. CoC members are working to engage the staff at the Rescue Mission to provide resources and services to these individuals so this is not a long term solution. The two new family beds are a result in a change of family composition in Bridges emergency shelter, one larger family needing two additional beds entered the shelter.

Safe Haven: No

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

There is still only one Safe Haven serving the same number of people.

Transitional Housing: Yes

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

There was a change of 2 additional family beds added to the transitional housing program, this was a result of the Anne Marie House adding one new family unit of transitional housing. The program usually houses families with children, increasing the family beds in transitional housing by 2, this year.

Permanent Housing: Yes

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

There was an increase of 3 permanent supportive housing beds for individuals and a decrease of 6 family beds in 2009. There were 2 new permanent supportive housing units/beds created in 2009 called Harbor Homes PH VIII, the Samaritan Bonus project from the 2007 CoC competition. The change of the decrease of 6 family beds is due to correcting the configuration of the family units in Harbor Homes Ownership Condos. In the 2008 CoC application we reported 6 family units and 6 units for individuals in the HIC. The program has the capacity to serve either 6 individual OR 6 families but not both. We corrected the family units because the program served 6 individuals over the last reporting period based on local need during that time period.

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	GNCOC 2009 eHIC	11/19/2009

Attachment Details

Document Description: GNCOC 2009 eHIC

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy) 01/28/2009

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

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

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: (select all that apply) Unsheltered count, HUD unmet need formula, HMIS data, Other, Stakeholder discussion, Applied statistics

Specify "other" data types:

Local formula used to determine unmet need.

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

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:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Regional (multiple CoCs)

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

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

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: Service Point

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

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

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

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

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

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

The 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. The CoC will also collaborate with the New England Regional Homeless Management Information System (NERMIS) for training and reports.

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Community Services Council of New Hampshire
Street Address 1	PO Box 2338
Street Address 2	
City	Concord
State	New Hampshire
Zip Code **Format: xxxxx or xxxxx-xxxx**	03302-2338
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

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

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

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

*** Emergency Shelter (ES) Beds**	76-85%
*** 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? At least 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:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	16%
* Date of Birth	13%	5%
* Ethnicity	9%	2%
* Race	10%	2%
* Gender	3%	0%
* Veteran Status	18%	2%
* Disabling Condition	22%	2%
* Residence Prior to Program Entry	14%	2%
* Zip Code of Last Permanent Address	20%	3%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

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

Did the CoC or subset of CoC participate in AHAR 5? Yes

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

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

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

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 detailed client record to
record and analyze by client 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 (limit 750 characters):

NH-HMIS runs data quality reports on a periodic basis to check for Entry and Exit dates. The providers/sponsors review these reports and make necessary corrections if there is a missing or contradicting entry and/or exit date.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 04/15/2009

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	At least Monthly
Data Security training	At least Monthly
Data Quality training	At least Monthly
Using HMIS data locally	At least Monthly
Using HMIS data for assessing program performance	At least Monthly
Basic computer skills training	At least Monthly
HMIS software training	At least 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. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

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		Unsheltered	Total
	Emergency	Transitional		
Number of Households	34	29	1	64
Number of Persons (adults and children)	107	80	3	190

Households without Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	107	56	15	178
Number of Persons (adults and unaccompanied youth)	107	56	15	178

All Households/ All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	141	85	16	242
Total Persons	214	136	18	368

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 statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. 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.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	56	13	69
*** Severely Mentally Ill**	51	13	64
*** Chronic Substance Abuse**	63	13	76
*** Veterans**	48	4	52
*** Persons with HIV/AIDS**	0	0	0
*** Victims of Domestic Violence**	18	4	22
*** Unaccompanied Youth (under 18)**	2	0	2

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will 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%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was 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:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- 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 emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

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.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

Unfortunately, due to the recent economic climate, the overall incidence of homelessness among individuals and families in the CoC has not declined. The unemployment rate and the rate of foreclosures continue to climb each month, forcing more people into homelessness and preventing them from rejoining the workforce. For sheltered homeless individuals, there were increase in both ES and TH (15% and 30% respectively).
The number of sheltered homeless families in ES decreased (7%) while the number of in TH slightly increased (5%). The primary reason for the decrease in families in ES is that multiple ES programs converted to TH or used funds to create new PH combined with stabilization and prevention services. Thus there was a loss of ES capacity, while there was an increase in TH and PH units ¿ a planned byproduct of the CoC¿s strategy to increase opportunities for homeless people. The slight increase of homeless families in TH is primarily due to a significant number of families losing their housing due to foreclosures and entering into Transitional Housing programs while looking for Permanent Housing. There was a snow storm that affected all of NE on the evening of the PIT count and it is widely believed that many families and individuals did not venture to shelter and instead stayed doubled up and with family and friends in impermanent living areas.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	
None:	
Other:	X

If Other, specify:

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

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

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.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Between 2008 and 2009, there was a slight increase in the CH and Vets sheltered subpopulation, these increases are explained below. There was also a decrease in the subpopulations of mentally ill, chronic substance abuse and victims of domestic violence. While greater outreach and methods of services are being developed within the CoC ongoing, there was a snow storm that affected all of NE on the evening of the PIT count and it is widely believed that many families and individuals did not venture to shelter and instead stayed doubled up and with family and friends in impermanent living areas.
Chronic: Inc, as economic times improve the CoC continues to do outreach and create more permanent housing for CH individuals.
Severely Mentally Ill: Dec. due to outreach and prevention programs to address the service needs of homeless people with mental illness.
Chronic Substance Abuse: Dec. due to more community outreach and services to serve this population
Veterans: Inc from 48 to 56 due to more veterans returning from combat with severe disabilities and other issues that impact housing stability.
HIV/AIDS: Remained the same.
DV: Dec from 43 to 18. Due to the snow storm on the PIT the DV count if very low and most likely doesn¿t reflect the number of DV victims as it is likely households were doubled up with family and friends in order to avoid the weather conditions that night.
Youth: same.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

Instructions:	
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 selected (limit 1000 characters):

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.

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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 by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

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

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 that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

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.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

Unsheltered Families: Despite the recent economic downturn, the CoC has employed successful strategies to decrease the number of families from being homeless on the street, including comprehensive prevention interventions and quick and immediate access to shelters. Also there was a large storm on the evening of the PIT count and it is widely believed that many families did not stay on the street or in their cars' and instead doubled up and with family and friends in impermanent living areas
Unsheltered Individuals: The number of unsheltered homeless individuals decreased 71%, from 86 to 15, between the 2008 PIT count and the 2009 PIT count. While greater outreach and methods of services are being developed within the CoC ongoing, there was a snow storm on the evening of the PIT count and it is widely believed that many individuals did not venture to shelter and instead stayed doubled up and with family and friends in impermanent living areas

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

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

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The GNCoC will launch an assertive strategy to create new permanent housing beds for chronically homeless individuals. The core element of this approach is to create new beds by accessing mainstream housing programs and resources. The CoC estimates that each year, an additional 2-3 CH beds can be created using McKinney-Vento funds through the Permanent Housing Bonus money. Additional strategies will include the pursuit of additional the allocations of VASH, HOME, CDBG and NSP I and II resources. Finally, the GNCoC will review its entire inventory of housing to determine if any additional units can be "set aside" for a CHI only population.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

For long term success, the CoC realizes that it must increase the capacity of current homeless housing and service providers to create housing and operate housing for this population. The CoC will ask HUD for TA for capacity building workshops to increase service provider capacity. The second way to achieve success is to get the larger affordable housing community to embrace this goal and incorporate CH housing in their own housing plans. In the coming years, the CoC, working with its local entitlement communities, will create a long-range plan to end chronic homelessness, including strategies for utilizing mainstream housing resources to create new beds for CH. As part of the planning, the CoC will work with local and state PHAs to explore the possibility of designated some additional VASH Housing Choice Vouchers (HCV) for CH and/or creating a HCV or Public Housing waiting list preferences for CH.

How many permanent housing beds do you currently have in place for chronically homeless persons?	153
How many permanent housing beds do you plan to create in the next 12-months?	157
How many permanent housing beds do you plan to create in the next 5-years?	204

How many permanent housing beds do you plan to create in the next 10-years? 254

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC has worked hard to maintain a high percentage of persons remaining in PH, far beyond the HUD-established national benchmark. To maintain this accomplishment over the next 12 months, the CoC will use newly awarded HPRP funds, through state resources, to provide comprehensive homelessness prevention services. The CoC will also continue to work closely with homeless legal services to prevent evictions. The GNCoC also has a continued Homeless Prevention Tool Kit which includes housing search, landlord-tenant mediation, legal services, and services in housing court. In addition to eviction prevention resources, the GNCoC provides education and awareness to tenants through an annual tenant rights workshop and the Housing Counseling Care Center.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC will work to ensure long term stability in its PH housing projects by continuing to monitor projects on a regular basis. Barriers will be addressed immediately including challenges such as appropriate and available services to maintain people in their homes and transportation available near homes. The CoC will leverage all available resources, including newly-available state- and HPRP-funded homelessness prevention resources as well as crisis response services, to immediately respond to a problem, provide ample supportive services, and re-stabilize participants before they are at risk of losing their housing. Finally, the CoC will request HUD TA to sponsor trainings for PH providers to improve initial screening and assessment to ensure that the participants being served are truly in need of permanent supportive housing and not just an affordable unit.

What percentage of homeless persons in permanent housing have remained for at least six months?	87
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	87
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	88
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	90

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

: The CoC has worked hard to maintain a high percentage of persons going from TH to PH. To maintain this accomplishment over the next 12 months, the CoC will continue to actively develop new PH opportunities for homeless people as part of the GNCoCs overall affordable housing strategy. Over the next 12 months, the CoC anticipates that new PH units will be created for non-chronic homeless persons through NSP and other local funding sources. The GNCoC will also track progress on this goal through HMIS on a regular basis including progress reports that highlight specific cases or outliers to be addressed. For TH projects that are struggling to achieve this goal, the CoC will provide support, and if needed request HUD TA, to assess the program and identify strategies to improve outcomes. Finally the CoC will work to expand successful community based services so that people leaving TH will feel safe going into PH knowing that they will have the necessary supports to be successful.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

To ensure long term success at moving people from TH to PH, the CoC recognizes that there must be sufficient affordable housing and a means for disseminating information about these units. The CoC will work to increase access to affordable housing by linking with the local PHA to apply for all available new Housing Choice Vouchers that are made available by HUD, including new VASH and Family Unification Program vouchers. Equally as important, is a systematic way for linking homeless people with these PH resources. In the coming years, the State of NH will develop and implement an online housing access database to inform the public of housing resources that are available and vacant, including affordable PH resources.

What percentage of homeless persons in transitional housing have moved to permanent housing?	75
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	76
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	78
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	80

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The GNCoC has worked hard to increase the number of employed at exit in 2009. To maintain this successful level, the CoC will maintain the following practices: 1) require employment to be a component of all appropriate Individual Service Plans (ISPs); 2) monitor projects to ensure that employment is a component of ISPs; and 3) continued linkages to mainstream employment training and support programs. The CoC will continue to have its Housing Subcommittee and its Executive Subcommittee focus on employment and will continue to have a monthly HMIS report on progress toward this goal at each GNCoC meeting. By checking monthly, the CoC will be able to intervene quickly to address any reduction in the number of persons obtaining employment. The CoC also has multiple programs used to connect individual and families to employment and job training opportunities, the Reintegrating Program, the CLIC (Community Learning and Innovation Center) and Project Employment Connect.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

While the GNCOC has been successful in increasing the rate of employment from one year to the next it is still interested in increasing employment of those who have traditionally been unable to work due to their disability. Addressing those with significant disabilities is the only way the number of employed will increase significantly beyond the current rate. The CoC will also work to strengthen its relationships with the local labor and job training organizations, in an effort to identify if there are existing barriers to homeless people in accessing their employment resources. At the same time, the CoC will work with these organizations to implement the Veteran¿s Workforce Investment Program (VWIP), a new DOL program that addresses the unique needs of veterans seeking employment, training, job counseling and related services, including homeless veterans.

What percentage of persons are employed at program exit?	51
In 12-months, what percentage of persons will be employed at program exit?	52
In 5-years, what percentage of persons will be employed at program exit?	53
In 10-years, what percentage of persons will be employed at program exit?	55

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The CoC will work to reduce the number of homeless families over the next 12 months by ensuring coordination with the State¿s Rapid Re Housing projects awarded through HPRP funds and distributed throughout the State of New Hampshire including the GNCoC. These RRH resources will target families who are able to leave homelessness quickly and become permanently housed successfully in the community. HPRP projects will be monitored closely and funds shifted within communities as needed to ensure that families are moved out of homelessness quickly and successfully.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The long term plan to reduce family homelessness involves the creation of broad based affordable housing options in the community. For many families, the lack of affordable housing is the primary barrier to getting and staying out of homelessness. The GNCoC will work with the State of New Hampshire and New Hampshire Housing to ensure that affordable housing resources are allocated in a way that will ensure a viable pipeline of units that are affordable to low income families. GNCoC will also work with PHAs to apply for any new housing resources that are made available.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	64
In 12-months, what will be the total number of homeless households with children?	60
In 5-years, what will be the total number of homeless households with children?	50
In 10-years, what will be the total number of homeless households with children?	40

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Future planning for children 16 and older (or younger if in state guardianship) includes: adult living preparation, educational and career planning, employment options, vocational training programs, adult connections and/or mentors, family supports, medical coverage, and adult housing options or alternatives that are safe and affordable. According to the Bureau of Homeless and Housing Services (BHHS), shelters and McKinney-Vento funded transitional and permanent housing programs are not appropriate housing for this population. DCYF Aftercare Services 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 housing and related expenses. This Discharge Planning Protocol is understood and agreed to by the BOS and the systems of care in the CoC.

Health Care:

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 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 and 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. According to the Bureau of Homeless and Housing Services (BHHS), shelters and McKinney-Vento funded transitional and permanent housing programs are not appropriate housing for this population. This Discharge Planning Protocol is understood and agreed to by the BOS and the institutions and systems of care in the CoC.

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, 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 discharge plan shall address the patient's housing preferences, level of care needs, accessibility to services and affordability. Discharge to homeless shelters, motels and other non-permanent settings shall be avoided to the maximum extent practicable. According to the Bureau of Homeless and Housing Services (BHHS), shelters and McKinney-Vento funded transitional and permanent housing programs are not appropriate housing for this population. 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 BOS and the institutions and systems of care in the CoC.

Corrections:

The Department of Corrections has a formal protocol in place for parolees. The protocol includes inmates developing a formal discharge/parole plan, residing in an on-site transitional housing facility and accessing Department Halfway Houses upon release. DHHS has entered into a Memorandum of Agreement with the Department of Corrections regarding Medicaid eligibility determination at least 90 days prior to an inmate's release. According to the Bureau of Homeless and Housing Services (BHHS), shelters and McKinney-Vento funded transitional and permanent housing programs are not appropriate housing for this population. This Discharge Planning Protocol is understood and agreed to by the BOS and the institutions and systems of care in the CoC.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

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 approxmately 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 approximately 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.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The Greater Nashua Mental Health Center (GNMHC) is expanding an existing program to provide an additional 20 community members living with severe mental illness at risk of becoming homeless with rent subsidies and supportive services in 10 units. Eligibility is based on assessment and treatment needs, as well as the likelihood of either independent living at the end of an 18-month period, or the likelihood of a participant receiving a Sec. 8 housing voucher. Harbor Homes, Inc. was awarded HPRP funds in combination with NH Bureau of Behavioral Health funding to provide 26 individuals exiting an institutional setting/hospital who are homeless with assistance in acquiring and maintaining housing in the community of their choice. This is a 7 year pilot program funded for the first 3 years through HPRP funding. The Way Home, a non-profit agency located in Manchester, was awarded HPRP funding to provide rapid re-housing services to indiv and families experiencing homelessness with the likelihood of becoming self-sufficient within 18 months, 38 units of housing will be secured for participants. GNCoC member agencies are encouraged to refer their clients to both The Way Home and GNMHC to access these services. Overall, HPRP funding will provide GNCoC member agencies and consumers with access to rental subsidies and services in approximately 74 units total.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Several initiatives related to the American Reinvestment and Recovery Act, including a $2.1 million Neighborhood Stabilization Program specifically targeted to provide individuals and families with disabilities who earn less than 50% of the Area Median Income with access to quality, residential environmentally-conscious permanent housing in the heart of downtown Nashua where the majority of service providers are located, are managed by GNCoC member agencies. GNCoC endorsed or actively participated in the design and implementation of the programs. All initiatives target individuals and families experiencing or at risk of becoming homeless, and/or those who are classified as special populations.

VASH: VASH works with the community through interface/sharing resources. Several member agencies, including Harbor Homes, Southern New Hampshire Services, and Pastoral Care have made presentations to area veteran organizations/VA hospital describing their supportive services available. Tracey Noonan, the local VASH program manager, attends GNCoC member meetings, and the VASH homeless coordinator, Lisa Winn, attends GNCoC meetings on a regular basis. Twelve individuals have received VASH certificates and reside in the Nashua area. An additional 12 certificates are expected to be made available this year to greater Nashua community members. Harbor Homes operates three homeless veterans¿ transitional housing programs in Nashua, NH and working with member GNCoC agencies, the VA, and other service providers, has used VASH to coordinate a continuum of care that has led to a dramatic decrease in area veteran homelessness since 2004.

Due to ARRA funds and conceptual support from GNCoC agencies, as well as ongoing in-kind program support, Harbor Homes opened the area¿s first and only Healthcare for the Homeless clinic, which will provide primary, preventive, and supplementary health care to approximately 2,100 homeless men, women, and children within two years. In addition, the agency also won an ARRA funded SAMHSA Services in Supportive Housing which will result in increased services for all of Nashua¿s permanent supportive housing residents with severe mental illness, substance abuse issues, and/or co-occurring disorders. Again, conceptual support was provided by GNCoC membership agencies, and once the program is implemented, we expect a large number of referrals from member agencies.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	153	**Beds**	153	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	86	**%**	87	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	**%**	75	**%**
Increase percentage of homeless persons employed at exit to at least 19%	33	**%**	51	**%**
Decrease the number of homeless households with children.	9	**Households**	64	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The GNCoC did not meet the goal of decreasing the homeless family number because the baseline number was reported incorrectly in the 2008 application, for it only included unsheltered homeless families. The baseline number in the 2008 application reported only 13 homeless families and 9 as the 12 month goal. In fact there were 73 homeless families. The CoC decreased the number of homeless families this year. This is corrected in the 2009 application and the CoC continues to work with strategies to greater decrease the number of homeless, both shelter and unsheltered, in their community.

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

Instructions:

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

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	95	203
2008	110	136
2009	69	153

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 0

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

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

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

The number of CH beds reported in the application came on line after January 31, 2009 but were in place by the time of the 2009 application submission.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

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 permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	22
b. Number of participants who did not leave the project(s)	91
c. Number of participants who exited after staying 6 months or longer	18
d. Number of participants who did not exit after staying 6 months or longer	80
e. Number of participants who did not exit and were enrolled for less than 6 months	11
TOTAL PH (%)	87

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	20
b. Number of participants who moved to PH	15
TOTAL TH (%)	75

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 351

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	35	10	%
SSDI	56	16	%
Social Security	0	0	%
General Public Assistance	1	0	%
TANF	21	6	%
SCHIP	5	1	%
Veterans Benefits	0	0	%
Employment Income	178	51	%
Unemployment Benefits	1	0	%
Veterans Health Care	3	1	%
Medicaid	24	7	%
Food Stamps	26	7	%
Other (Please specify below)	10	3	%
child support			
No Financial Resources	9	3	%

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

Does CoC have projects for which an APR should have been submitted? Yes

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

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

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

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

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 monetly to improve participation in mainstream resources. Meeting dates were; 10/28/08, 11/25/08, 12/23/08, 1/27/09, 2/24/09, 3/24/09, 4/28/09, 5/26/09, 6/23/09, 7/28/09, 8/25/09, 9/22/09.

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 use HMIS as a way to screen for mainstream 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).

6/11/08-6/12/08; 9/23/08-9/24/08; 12/3/08-12/04/08; 5/21/09-5/22/09

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]

***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 select No. If you select No, skip to question # 4.**	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?	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 (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? **(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.**	Yes
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?	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 select Yes.**	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?	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
***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 (http://www.huduser.org/publications/destech/smartcodes.html.)**	No
***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?**	Yes
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.	
***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?**	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?**	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, briefly describe. (Limit 2,000 characters.)**	No
***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

Part A - Page 3

***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.)**	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?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***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
***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?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	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?**	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.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Nashua Homeless O...	2009-11-19 11:37:...	1 Year	Southern New Hamp...	32,191	Renewal Project	SHP	SSO	F
Permanent Housing 3	2009-11-19 08:37:...	1 Year	Harbor Homes, Inc.	873,170	Renewal Project	SHP	PH	F
Employment Advoca...	2009-11-17 10:53:...	1 Year	Harbor Homes, Inc.	59,545	Renewal Project	SHP	SSO	F
Permanent Housing 10	2009-11-20 08:15:...	2 Years	Harbor Homes, Inc.	26,237	New Project	SHP	PH	P1
Permanent Housing 6	2009-11-19 08:41:...	1 Year	Harbor Homes, Inc.	56,141	Renewal Project	SHP	PH	F
Permanent Housing 8	2009-11-19 08:43:...	1 Year	Harbor Homes, Inc.	13,121	Renewal Project	SHP	PH	F
Homeless Manageme...	2009-11-18 15:38:...	1 Year	State of New Hamp...	12,778	Renewal Project	SHP	HMIS	F
Permanent Housing 5	2009-11-19 08:40:...	1 Year	Harbor Homes, Inc.	171,308	Renewal Project	SHP	PH	F
Permanent Housing 7	2009-11-17 10:57:...	1 Year	Harbor Homes, Inc.	13,466	Renewal Project	SHP	PH	F
Permanent Housing 4	2009-11-19 08:38:...	1 Year	Harbor Homes, Inc.	104,440	Renewal Project	SHP	PH	F
Marguerites Place...	2009-11-17 13:28:...	1 Year	Marguerites Place...	58,480	Renewal Project	SHP	TH	F
Shelter + Care	2009-11-19 11:44:...	1 Year	Nashua Housing Au...	33,264	Renewal Project	S+C	SRA	U

Transitional Livi...	2009-11-19 08:45:...	1 Year	Greater Nashua Co...	60,083	Renewal Project	SHP	TH	F
Permanent Housing 2	2009-11-19 08:35:...	1 Year	State of New Hamp...	196,762	Renewal Project	SHP	PH	F

Budget Summary

FPRN	$1,651,485
Permanent Housing Bonus	$26,237
SPC Renewal	$33,264
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Nashua Cert Consi...	11/20/2009

Attachment Details

Document Description: Nashua Cert Consistency Con Plan