

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

1A. Continuum of Care (CoC) Identification

Instructions:

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

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

CoC Lead Agency 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) 79%

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

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

Specify "other" process(es):

Briefly describe the selection process 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:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, will 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 to 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.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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 community's 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.Coordinates annual Project Homeless Connect and Project Employment Connect events to connect homeless and at risk persons to services	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
NH Department of Health & Human Services Divisi...	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	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, Attend Consolidated P...	NONE
City of Nashua/Community Development Division	Public Sector	Local g...	Authoring agency for Consolidated Plan	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 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
State Representative Cynthia Rosenwald	Public Sector	Other	Committee/Sub-committee/Work Group	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...
Greater Nashua Mental Health Center at Communit...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Serio...
Greater Nashua Council on Alcoholism, Inc./Keys...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
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...	Domesti c Vio...
NH Legal Assistance	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	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, Committee/Sub-committee/Wo...	NONE
Southern NH HIV/AIDS Task Force	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AID S
Southern NH Services, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	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, Committee/Sub-committee/Wo...	Domesti c Vio...
NH Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
United Way of Greater Nashua	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
St. Joseph Hospital	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Nashua Area Health Center	Private Sector	Hos pita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Laura N	Individual	Hom eles s	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
"Connections" Members (peer support resource ce...	Individual	Hom eles s	Committee/Sub-committee/Work Group	Veteran s, Se...
Merrimack River Medical Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substan ce Abuse
Office of Representative Paul Hodes	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Fresh Start Assistance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Southern NH Rescue Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
More than Wheels	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Ray V	Individual	For merl..	Committee/Sub-committee/Work Group	NONE
H.E.A.R.T.S. Peer Support Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Main St United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Merrimack County Savings bank	Private Sector	Busi nesses	Committee/Sub-committee/Work Group	NONE
Town of Wilton	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Nashua School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Andrew Z	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Service Link	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Southern NH Medical Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	NONE
Manchester NH Continuum of Care	Private Sector	Othe r	Committee/Sub-committee/Work Group	NONE
MY TURN- Out of School Youth Program	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Nashua Area Interfaith Council	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Nashua NAMI	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Sylvia Gale	Individual	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Office of US Senator Jeanne Shaheen	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
Partnership for Successful Living	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Sandra H	Individual	For merl..	Committee/Sub-committee/Work Group	NONE
State Commission on Aging	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE

Unitarian Universalist Church of Nashua	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NH Department of Health & Human Services
Division of Family Assistance

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Life Skills, Child Care, Healthcare, Transportation, Rental Assistance, Employment
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Veterans Administration

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: City of Nashua - Mayor and Board of Aldermen

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: City of Nashua/Community Development Division

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nashua Department of Public Health

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Education, Life Skills, Healthcare, Mobile Clinic, Alcohol/Drug Abuse, HIV/AIDS
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Nashua Welfare Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Mortgage Assistance, Healthcare, Transportation, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Town of Mason

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Utilities Assistance, Mortgage Assistance, Healthcare, Law Enforcement, Transportation, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Town of Merrimack

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Utilities Assistance, Mortgage Assistance, Healthcare, Law Enforcement, Transportation, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nashua Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Mortgage Assistance, Rental Assistance
(select all that apply)

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- Type of organization
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- Services provided, if applicable

Name of organization or individual: Town of Milford

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Utilities Assistance, Mortgage Assistance, Law Enforcement, Healthcare, Transportation, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: State Representative Cynthia Rosenwald

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Gateways

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Mortgage Assistance, Mental health, Legal Assistance, Transportation, Rental Assistance, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bridges - Domestic & Sexual Violence Support

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Life Skills, Legal Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Greater Nashua Mental Health Center at Community Council

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Youth, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Greater Nashua Council on Alcoholism, Inc./Keystone Hall

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Harbor Homes, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Transportation, HIV/AIDS, Rental Assistance, Alcohol/Drug Abuse, Street Outreach, Life Skills, Mortgage Assistance, Healthcare, Mental health, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: MP Housing, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Utilities Assistance, Life Skills, Legal Assistance, Transportation, Rental Assistance, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NH Legal Assistance

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Legal Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nashua Pastoral Care Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Child Care, Mortgage Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nashua Children's Home

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Employment
(select all that apply)

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

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nashua Soup Kitchen & Shelter, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Utilities Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southern NH HIV/AIDS Task Force

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance

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

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southern NH Services, Inc.

Type of Membership: (public, private, or individual) Private Sector

Type of Organization: (Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization: (select all that apply) Primary Decision Making Group, Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: (No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Utilities Assistance, Child Care, Transportation, Employment
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Corpus Christi Food Pantry

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Utilities Assistance, Mortgage Assistance, Rental Assistance, Soup
(select all that apply) Kitchen/Food Pantry

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Greater Nashua Interfaith Hospitality Network, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Transportation
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Marguerite's Place, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Legal Assistance, Transportation, Employment
(select all that apply)

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

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: NH Catholic Charities

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Utilities Assistance, Life Skills, Mortgage Assistance, (select all that apply) Legal Assistance, Transportation, Rental Assistance

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

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: United Way of Greater Nashua

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: St. Joseph Hospital

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Prescription Assistance, (select all that apply) Healthcare, Mental health, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nashua Area Health Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Healthcare, Alcohol/Drug Abuse, HIV/AIDS
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Laura N

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: "Connections" Members (peer support resource center)

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Mental health
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Merrimack River Medical Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Healthcare, Alcohol/Drug Abuse
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Office of Representative Paul Hodes

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Fresh Start Assistance

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southern NH Rescue Mission

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Transportation
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: More than Wheels

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Transportation
(select all that apply)

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

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Ray V

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: H.E.A.R.T.S. Peer Support Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Life Skills, Transportation
(select all that apply)

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

Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Main St United Methodist Church

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Soup Kitchen/Food Pantry
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Merrimack County Savings bank

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Town of Wilton

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Prescription Assistance, Rental Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nashua School District

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Life Skills, Transportation, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Andrew Z

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Service Link

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southern NH Medical Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Prescription Assistance, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Manchester NH Continuum of Care

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: MY TURN- Out of School Youth Program

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nashua Area Interfaith Council

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nashua NAMI

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Mental health
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sylvia Gale

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Office of US Senator Jeanne Shaheen

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Partnership for Successful Living

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Soup Kitchen/Food Pantry, Street Outreach, Life Skills, Mortgage Assistance, Healthcare, Prescription Assistance, Mental health, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.

- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sandra H

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: State Commission on Aging

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Unitarian Universalist Church of Nashua

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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

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) a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

Rating and Performance Assessment Measure(s):
(select all that apply) b. Review CoC Monitoring Findings, e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, c. Review HUD Monitoring Findings, r. Review HMIS participation status, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, i. Evaluate Project Readiness

Voting/Decision-Making Method(s):
(select all that apply) 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(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

The number of individual emergency shelter beds increased in 2011 because the South New Hampshire Rescue Mission added twenty additional year round beds. The new shelter beds are not currently in HMIS but the CoC data committee is working with staff at the Rescue Mission to show the benefits for using the HMIS system.

HPRP Beds: Yes

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

The HPRP program served 29 additional individuals over the course of the year. The GNCOG was able to use HPRP resources to serve additional families.

Safe Haven: No

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

Transitional Housing: Yes

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

A new Harbor Homes program was created to serve homeless veterans. Dalianis House opened in 2011 which created 20 additional transitional housing beds for homeless veterans.

Permanent Housing: Yes

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

A total of fourteen new family permanent housing beds have been added to the GNCoC. Over the last year the NSP program shifted from initially serving individuals to serve families in larger units which created 10 additional family PH beds. Also, Nashua Pastoral Care Center, a faith based organization, created four additional family beds in two units.

The number of individual PH beds increase by 8 in 2011. The GNCoC added a new scattered site program and have also increased the number of beds in non-McKinney-Vento funded scattered site permanent housing programs.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

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

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

Must specify other:

Provided technical assistance and training on a demand/need response basis for agencies participating in the PIT count.

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:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Statewide
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
Is the HMIS Lead Agency the same as the CoC Lead Agency?	Yes
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
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
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, No or low participation by non-HUD funded providers, 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 work to overcome inadequate staffing and resources by adding additional staffing. NH-HMIS will utilize web-based training and work to improve the NH-HMIS website, streamline service requests from partner agencies with a on-line ticketing system. Increasing CoC capacity to measure and monitor CoC outcomes thereby reducing the workload of the sponsor agency. All State wide Funded Emergency and Transitional Housing programs are required contractually to enter data into NH-HMIS. NH-HMIS will work with non participating providers/programs to increase awareness of the benefits of participation in NH-HMIS.

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

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 Harbor Homes, Inc.

Street Address 1 45 High Street

Street Address 2

City Nashua

State New Hampshire

Zip Code 03060

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

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

Instructions:

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

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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	65-75%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

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

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

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 for every participating agency. These data quality reports identify the HMIS data elements in summary and detail client record by client record which data elements are missing or in congruent. NH-HMIS has made a concerted effort to discuss these reports at GNCOC meetings and NH-HMIS Advisory Council meetings. Participating in AHAR has also given us more tools to assist participating agencies with data quality. Regular training for participating programs focuses on data quality improvement. As a result of regular data quality reviews, all HUD funded participating programs have demonstrated improved data quality during FFY09 and FFY10.

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.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply) 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

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

Instructions:

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

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

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

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

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

Instructions:

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Unique user name and password	At least 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	At least Annually
* 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 Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Annually

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

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

If 'Yes' indicate date of last review or update by CoC: 04/29/2011

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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 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

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

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

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2012

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

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

In the 2011 PIT count the number of sheltered and unsheltered homeless individuals decreased. The number of sheltered families also decreased this year. We believe this is due to the GNCOC efforts in increasing permanent housing units as well as having access to the HPRP resources to help families and individuals from falling into homelessness. The number of homeless unsheltered families increased in the January 2011 PIT count. We believe this is due to several uncontrollable factors; the loss of jobs and increase in foreclosures has hit the communities the GNCOC serves. The families that do fall into homelessness in the GNCOC are not families who know the system and are more likely to sleep in their cars than to enter into the shelter system. The GNCOC is working closely with other community partners, included local education liaison to identify these families and to move them into shelter and housing as soon as possible.

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

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

The New Hampshire Point-in-Time Committee (NH-PIT) was formed and began to meet on March 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. The counts are created for each CoC separately and then combined for a statewide number.

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

Instructions:

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

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (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. The counts are created for each CoC separately and then combined for a statewide number.

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

Instructions:

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

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

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

HMIS utilization reports were run for each HMIS-participating agency with regards to the sub-populations being sheltered on the night of the point-in-time count. Non-HMIS participating agencies were surveyed with regard to the subpopulations they were serving on the point-in-time count night. These were tallied to determine total demographics for the subpopulations being sheltered on the night of the count.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)

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

If Other, specify:

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

The unsheltered methodology that was adopted throughout New Hampshire (NH) included mandatory reporting from local service agencies that would possibly have contact with unsheltered individuals and families, including local welfare offices, emergency rooms, schools, police departments, outreach providers, shelters (for turn-away information) and help lines; collecting a set of universal elements (including all subpopulation data) on a common survey tool. NH-HMIS staff analyzes the data, once collected and verified by each CoC. The counts are created for each CoC separately and then combined for a statewide number.

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

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

If Other, specify:

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

Instructions:

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

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

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 three CoC's. The NHPIT 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.

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

The CoC continues to focus its resources to reduce the number of homeless households with children. Between 2010 and 2011 PIT, the CoC successfully reduced the total number of homeless families. Over the next year the GNCOC will concentrate the remaining HPRP resources and other prevention resources to move homeless families into permanent housing. These resources are linked to the CoCs comprehensive outreach strategy through the Homeless Outreach and Intervention Program (HOIP) and Projects for Assistance in Transition from Homelessness (PATH) programs. The HOIP and PATH outreach workers focus on all homeless clients including households with children. Between HOIP, PATH and the New Hampshire Homeless Hotline (NHHH) households with dependent children are identified and outreached to 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 Legislature of the State of New Hampshire initiated a number of funding cuts in its most recent session that took effect at the beginning of the fiscal year that began July 1. Although available resources were significantly reduced by these cuts, the GNCOC is committed to use the remaining resources to help prevent and transition homeless families with children out of homelessness and into permanent housing.

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 GNCOC 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.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 155
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 157
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 160
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 162

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

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 3-4 CH beds can be created using McKinney-Vento funds through the Permanent Housing Bonus money. Additional strategies will include the pursuit of additional 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 CH only population.

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

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 designating some additional VASH Housing Choice Vouchers (HCV) for CH and/or creating a HCV or Public Housing waiting list preferences for CH.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

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

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 94

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 87

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 88

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (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. In 2011 the CoC had 94 percent of its PH residence remaining in housing over 6 months. To maintain this accomplishment over the next 12 months, the CoC will continue to use the remaining HPRP funds, and state resources (though fewer will be available), to provide comprehensive homelessness prevention services. 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. The GNCOC will continue to keep this goal a priority as many state resources have been cut from the State budget over the last year, as an effort for State Legislators to balance the state budget.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (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 any 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.

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

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

Instructions:

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 91

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 83

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 83

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 83

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

The CoC has worked hard to maintain a high percentage of persons going from TH to PH, the average in 2011 was 91 percent. 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, project based VASH vouchers 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. 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 CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

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 GNCOC will benefit from the online housing access database the State of NH plans to implement. Once established, this database will inform the public of housing resources that are available and vacant, including affordable PH resources.

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

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

Instructions:

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 35

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 35

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 36

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 38

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

The GNCoC has worked hard to increase the number of employed at exit in 2011. To maintain this successful level, the CoC and its Ad Hoc employment sub-committee 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 Ending Homelessness 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 and Project Employment Connect.

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

While the GNCoC has been successful in increasing the rate of employment from one year to the next it is committed to 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.

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 49

In 12 months, what will be the total number of homeless households with children? 49

In 5 years, what will be the total number of homeless households with children? 45

In 10 years, what will be the total number of homeless households with children? 40

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

Over last year the GNCOC had decreased the overall number of homeless families. The CoC will continue to work to reduce the number of homeless families over the next 12 months by ensuring coordination with the State's remaining Rapid Re Housing projects awarded through HPRP funds and distributed. These RRH resources will target families who are able to leave homelessness quickly and become permanently housed successfully in the community. These 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 CoCs long-term (10 year) 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.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

The GNCoc works closely with the Division of Children, Youth and Families (DCYF) to enforce the policy that children leaving foster care must have appropriate housing. Together the GNCoc and DCYF implement planning for kids in foster care including: 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. In addition, this Discharge Planning Protocol is understood and agreed to by the Balance of State CoC and the GNCoc along with the systems of care in the GNCoc.

Where: Housing options for youth leaving foster care include a range of viable choices depending on each young adults needs and interests. These housing choices include: private rental market with roommates; shared living; university housing; and non-federally funded transitional housing.

Who: DCYF Aftercare Services provides pre-planning and 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.

Health Care:

The Homeless Prevention Discharge Plan was adopted in March 2007. This Discharge Plan is understood and agreed to by the GNCoc and the institutions and systems of care in the GNCoc. The Plan restricts to the greatest extent possible discharge to homelessness.

Where: The GNCoc works closely with health care institutions to provide training and information on appropriate housing resources for individuals leaving these facilities. There are state-funded and privately funded housing programs that are appropriate settings to which individuals are referred and discharged.

Who: The State Discharge Planning Committee monitors the status of the Plan and how it is implemented. The Chair of the Balance of State CoC is a member of the

Discharge Planning Committee and reports regularly to this committee. Any complaints or violations are reviewed thoroughly by the Discharge Planning Committee.

Mental Health:

The NH Hospital's Discharge Policy requires an individualized discharge plan (IDP) for each individual in its care. The development of this IDP is initiated by the assigned treatment team upon admission and modified to reflect new data throughout the treatment process. The patient, 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 the community.

Where: The discharge plan shall address all aftercare needs in order to ensure continuity of care, including 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, 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 GNCOC

and the institutions and systems of care in the GNCOC.

Who: The Administrator of the Div. of Community Integration, under the direction of the Medical Director, oversees this process. Case managers at the hospital work to ensure that the IDP is carried out in accordance with the policy and that no one is discharged without appropriate housing.

Corrections:

The Department of Corrections has a formal policy in place for assisting parolees to locate housing when they leave incarceration. The policy requires inmates to develop a formal discharge/parole plan. As a part of this plan, the State has an existing Memorandum of Agreement with the Department of Corrections facilitating Medicaid eligibility determination so that it is in place at least 90 days prior to an inmate's release.

Where: In developing each individual's discharge plan, parolees are linked to their previous housing and families if appropriate or to an on-site transitional housing facility or to a Department of Corrections Halfway House upon release. According to the Bureau of Homeless and Housing Services, 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 GNCOC and the institutions and systems of care in the CoC.

Who: The Department of Corrections has on-site staff whose job responsibilities include Individual Discharge Planning and working with parolees to identify appropriate state-funded transitional housing programs or halfway houses or to return to their families. The GNCOC Discharge Planning Committee monitors the implementation of all plans to ensure that they are working and that individuals are not falling through the "cracks" and into homeless settings or MV programs.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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 approximately 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) expanded 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 consumers of GNCoC member agencies with access to rental subsidies and services in approximately 74 total units.

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

Several initiatives related to the ARRA, 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 Nashua Pastoral Care Center have made presentations to area veteran organizations/VA hospital describing their supportive services available. Harbor Homes, in partnership with NH Housing Finance Authority, was recently awarded 21 units of Project Based VASH. Tracey Noonan, the local VASH program manager, attends GNCOC member meetings, and the VASH homeless coordinator, Lisa Jacobus, attends GNCOC meetings on a regular basis. Twenty One 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 federally qualified Healthcare for the Homeless clinic, which provides primary, preventive, and supplementary health care to approximately 600 homeless men, women, and youth.. In addition, the agency also won an ARRA funded SAMHSA Services in Supportive Housing which brings increased services for hundreds 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 a large number of referrals come from member agencies.

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

If yes, please describe the established policies that are in currently in place. Each individual GNCOC agency has policies that ensure all school age children who are members of a homeless family are connected with local appropriate educational resources.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

Local school district staff attend GNCOC meetings on a regular basis, and work together with GNCOC member agencies to address the needs of homeless children.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

When a homeless family with dependent children enter into any program within the GNCOC the program will, through interviews with the family, identify any children of school age. The programs will follow up through case management the coordination with the school district's homeless liaison to make sure the children's educational needs are being met while the family stabilizes in shelter and then eventually returns to permanent housing.

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

GNCOC members were involved in creating a 4yr plan to end veteran homelessness in NH, adopted by Governor Lynch and the NH DHHS. Local VA staff attend GNCOC meetings on a regular basis, and work together with GNCOC member agencies to address the needs of homeless veterans, especially through participation in an annual Stand Down and Project Homeless Connect. In the GNCOC catchment area, 60 units of TH for homeless veterans are operated by Harbor Homes; with a number of supportive services provided by members of the GNCOC. Additionally, Harbor Homes operates a DOL VETS funded HVRV program. Now in its fourth year, the program provides homeless veterans with employment services, including job training and supportive services. Last year, the GNCOC prioritized permanent housing for chronically homeless, disabled veterans through the Bonus Project. Twenty-one units of PBV-VASH will also be made available this winter in Nashua. Prevention is also stressed. Several member agencies have staff that act as Deployment Cycle Support Program case managers/mental health counselors to local veteran households prior to, during, and post-deployment. The program is designed to provide veterans and their families with supportive services before they become homeless. All of these efforts result in a marked decline in homelessness among veterans within the GNCOC; a trend expected to continue.

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

The efforts of Nashua Children’s Home (NCH) in addressing homeless youth begin with initiatives designed to prevent at-risk youth from becoming homeless. These include not only working to successfully reunify youth with their families of origin, but also in promoting their learning and practice of adult living skills prior to their entering adulthood at 18. Youth in the Independent Living Programs of NCH maintain their own checking accounts, share in paying the expenses of their living space, seek employment, schedule their appointments and arrange their transportation.

NCH more directly responds to youth who are at imminent risk of becoming homeless, or who are presently homeless, through its Transitional Living Program (TLP). Young tenants are provided housing in units owned by NCH, as well as ongoing staff support and guidance. The TLP is made available not only to youth aging out of New Hampshire’s child-protective or juvenile justice systems, but to any young person, age 18-22, who is at risk of homelessness.

Other Transitional programs that include children, such as Marguerite’s Place Inc., assist families in obtaining transportation to students’ schools of origin. In 2011, the children of Marguerite’s Place Inc. that would be geographically districted at Ledge Street School in fact attended six different elementary schools in the city. In this way, homeless children receive consistent support in both their home and educational environments.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	175	Beds	155	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	93	%	94	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	83	%	91	%
Increase the percentage of homeless persons employed at exit to at least 20%	40	%	35	%
Decrease the number of homeless households with children.	64	Households	49	Households

**Did the CoC submit an Exhibit 1 application in Yes
FY2010?**

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

CH Beds: The GNCOC saw a decrease in CH beds because we originally categorized new NSP beds to serve CH individuals, but the community has since changed the purpose of these beds to serve families.

Employment: Last year the CoC SSO employment program saw a large increase in participants, due to economic conditions. The program staff made a conscious decision to not count day labor for people exiting the program, due to internal programmatic and philosophical reasons. Therefore, there is a decrease in people being reported exiting with income in the APR/HMIS data. If day labor was included, the CoC is confident that they would meet and even exceed this goal. Over the next year the CoC will work with the SSO program to review the definition of employment and improve data collection.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

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 FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	69	153
2010	104	170
2011	30	155

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.

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, 2010 and January 31, 2011.

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 individuals decreased from 2010 to 2011. The number of CH beds also decreased. The GNCOC repurposed 15 CH NSP beds that were originally purposed for CH individuals but will now serve families.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: c+d, divided by a+b, multiplied by 100. the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	24
b. Number of participants who did not leave the project(s)	95
c. Number of participants who exited after staying 6 months or longer	21
d. Number of participants who did not exit after staying 6 months or longer	91
e. Number of participants who did not exit and were enrolled for less than 6 months	4
TOTAL PH (%)	94

Instructions:

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

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	42
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	38
TOTAL TH (%)	90

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 574

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	43	7	%
SSDI	29	5	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	9	2	%
SCHIP	7	1	%
Veterans Benefits	0	0	%
Employment Income	201	35	%
Unemployment Benefits	8	1	%
Veterans Health Care	0	0	%
Medicaid	4	1	%
Food Stamps	83	14	%
Other (Please specify below)	11	2	%
child support			
No Financial Resources	66	11	%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? 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 the 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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

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

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

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. The Executive Directors of all agencies funded by the CoC serve on the Executive Committee of the GNCOC. As a part of the GNCOC planning process, we regularly review and receive presentations of various Mainstream resources so all agencies within the GNCOC can work toward the goal of improving access to mainstream resources. Annually the GNCOC Executive Committee, as part of the SuperNOFA ranking process, systematically analyzes each APR.

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

If "Yes", indicate all meeting dates in the past 12 months.

The Wrap-Around Committee of the GNCOC meets monthly to improve participation in mainstream resources. Meeting dates were; 10/27/10, 11/23/10, 12/28/10/ 1/25/11, 2/22/11, 3/22/11, 4/26/11, 5/24/11, 6/28/11, 7/26/11,8/23/11, 9/27/11.

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; 3/24/10-3/25-10; 3/29/11-3/30/11; 5/26/11-5/27-11; 9/5/11

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. While participants benefits are pending, they have access to Harbor Clinic Care (healthcare for the homeless clinic at Harbor Homes).	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. 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 review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Permanent Housing 9	2011-10-15 17:13:...	1 Year	Harbor Homes, Inc.	13,118	Renewal Project	SHP	PH	F
Homeless Managem e...	2011-10-12 12:38:...	1 Year	State of New Hamp...	12,778	Renewal Project	SHP	HMIS	F
Transitiona l Livi...	2011-10-15 16:17:...	1 Year	Greater Nashua Co...	60,083	Renewal Project	SHP	TH	F
Permanent Housing 5	2011-10-17 09:50:...	1 Year	Harbor Homes, Inc.	171,308	Renewal Project	SHP	PH	F
Permanent Housing 4	2011-10-15 18:24:...	1 Year	Harbor Homes, Inc.	104,440	Renewal Project	SHP	PH	F
Permanent Housing 3	2011-10-13 15:25:...	1 Year	Harbor Homes, Inc.	873,170	Renewal Project	SHP	PH	F
Shelter + Care	2011-10-15 16:30:...	1 Year	Nashua Housing Au...	33,804	Renewal Project	S+C	SRA	U
Permanent Housing 6	2011-10-15 18:00:...	1 Year	Harbor Homes, Inc.	56,141	Renewal Project	SHP	PH	F
Permanent Housing 2	2011-10-18 18:11:...	1 Year	State of New Hamp...	196,762	Renewal Project	SHP	PH	F
Permanent Housing 7	2011-10-17 13:58:...	1 Year	Harbor Homes, Inc.	13,466	Renewal Project	SHP	PH	F
Nashua Homeless O...	2011-10-18 11:14:...	1 Year	Southern New Hamp...	32,191	Renewal Project	SHP	SSO	F
Employme nt Advoca...	2011-10-15 16:59:...	1 Year	Harbor Homes, Inc.	59,545	Renewal Project	SHP	SSO	F

A Place to Live P...	2011-10-26 22:55:...	1 Year	Communit y Council...	26,784	New Project	SHP	PH	P1
Marguerite s Place...	2011-10-14 14:25:...	1 Year	Marguerite s Place...	58,480	Renewal Project	SHP	TH	F
Permanent Housing 8	2011-10-15 17:27:...	1 Year	Harbor Homes, Inc.	13,121	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$1,664,603
Permanent Housing Bonus	\$26,784
SPC Renewal	\$33,804
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Nashua and NH Con...	10/12/2011

Attachment Details

Document Description: Nashua and NH Con Plan certifications and list of projects