

Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
Yonkers/Mount Vernon/New Rochelle/Westchester County CoC	NY 604
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: Westchester County Department of Community Mental Health		
CoC Contact Person: Thomas R. Hibbard, Program Director		
Contact Person's Organization Name: As Above		
Street Address: 112 East Post Road, 2nd Floor		
City: White Plains	State:NY	Zip: 10601
Phone Number:914.995.5249	Fax Number:914.995.6220	
Email Address: trh1@westchestergov.com		

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.e of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
Westchester County	369119
Yonkers	367260
Mount Vernon	364212
New Rochelle	364408
White Plains	367096

Geographic Area Name	6-digit Code

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate the frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure *and which is involved in CoC planning* (add rows to the chart as needed). Please limit your description of each group’s role to 3 lines or less.

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
Example: CoC Primary Decision-Making Group						
Name:	River County Continuum of Care Executive Committee	X				5
Role:	This group sets agendas for full Continuum of Care meetings, oversees project monitoring, determines project priorities, provides final approval for the CoC application, and oversees application submission.					
CoC Primary Decision-Making Group (list only one group)						
Name:	Westchester Partnership Steering Committee	X				6
Role:	Sets agendas for full committee meetings; exercises final decision making on countywide issues and priorities.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Westchester Partnership Full Membership Committee		X			18
Role:						
Name:	HMIS Steering Committee	X				6
Role:	Ad hoc group managing ongoing oversight of vendor-provided HMIS services					
Name:	Yonkers CoC Committee	X				
Role:	Addresses local issues, sets agendas and establishes local priorities					
Name:	Mount Vernon CoC Committee	X				
Role:	Addresses local issues, sets agendas and establishes local priorities					

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2007 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals. Do not enter the real names of domestic violence survivors.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	NYS OFFICE OF MENTAL HEALTH	369119	SMI	SA
	LOCAL GOVERNMENT AGENCIES			
	Westchester County Dept. of Planning	369119	SMI	SA
	Westchester County Department of Social Services	369119	SMI	SA
	Westchester County Department of Community Mental Health	369119	SMI	SA
	Westchester County Department of Health	369119	HIV/AIDS	
	Westchester County Office for Women	369119	DV	
	Westchester Office for the Disabled	369119	VETS, SA	
	Yonkers Planning Department	367260	SMI	SA
	Yonkers Office of Community Services	367260	SMI	SA
	Yonkers Bureau of Community Development	367260	SMI	SA
	Mt. Vernon Department of Planning and Community Development	364212	SMI	SA
	New Rochelle Department of Development	364408	SMI	SA
	White Plains Planning Department	367096		
	PUBLIC HOUSING AGENCIES			
	Municipal Housing Authority of Yonkers	367260	SMI	SA
	SCHOOL SYSTEMS / UNIVERSITIES			
	LAW ENFORCEMENT / CORRECTIONS			
	NYS Office of Parole	369119	DV	SA
	Westchester County Departments of Corrections and Probation	369119	DV	SA
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	OTHER			
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	H.O.P.E. Community Services	364408	SMI	SA
	WESTCOP, Inc.	369119	Y	SA

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
	Volunteers of America	369119	SMI	SA
	Westchester Disabled on the Move	369119	VETS	SA
	New Rochelle Community Action Program	364408	SMI	SA
	Mt. Vernon Council of Community Services	364212	SMI	SA
	Mt. Vernon AIDS Task Force	364212	HIV/AIDS	
	Mt. Vernon United Tenants	364212	DV	Y
	Archway – YGH	367260	SA	HIV/AIDS
	Family Services of Westchester	369119	SMI	Y
	Family Services Society of Yonkers	367260	SMI	Y
	Homeless Self Help Employment Program	369119	SMI	SA
	Coalition of the Homeless and Hungry of Westchester	369119	DV	Y
	Julia Dyckman Andrus Memorial, Inc.	369119	SMI	Y
	Mental Health Association	369119	SMI	SA
	My Sister's Place	369119	DV	
	Renaissance Project	369119	HIV/AIDS	SA
	St. Joseph's Medical Center	367260	SMI	SA
	The Guidance Center	369119	SMI	SA
	The Lexington Center	367260	SA	HIV/AIDS
	Greyston Foundation	367260	HIV/AIDS	SMI
	Human Development Services of Westchester	369119	SMI	SA
	Planned Community Living	369119	SMI	SA
	Rehabilitation Support Services	369119	SMI	SA
	Westchester Residential Opportunities	369119	SMI	SA
	Westhab	369119	DV	SA
	Family Resource Center, Inc.	369119	Y	SA
	Community Housing Innovations, Inc.	369119	SMI	HIV/AIDS
	Grace Church Community Center	369119	Y	SA
	CLUSTER Housing Resource Center	367260	SMI	SA
	FAITH-BASED ORGANIZATIONS			
	Westchester Jewish Community Services	369119	SMI	SA
	Sharing Community	369119	SMI	SA
	YMCA of Mt. Vernon (Family)	364212	SA	SMI
	YMCA of Tarrytown	369119	SA	SMI
	YMCA of Yonkers	367260	SA	SMI
	FUNDERS/ ADVOCACY GROUPS			
	United Way of Westchester and Putnam	369119	Y	SMI
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Downtown Yonkers Merchant Association	367260	SA	VETS
	HOSPITALS / MEDICAL REPRESENTATIVES			
	DSS and DCMH Homeless Outreach Projects	369119	SMI	SA
	DCMH Supported Housing, Case Management and ACT team SPOA	369119	SMI	SA

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
	Westchester Medical Center	369119	HIV/AIDS	
	Article 28 and 31 Providers	369119	SMI	SA

HOMELESS/FORMERLY PERSONS				
	Ryan White Titles I & II Services	369119	HIV/AIDS	
	Department Of Social Services – Commissioner’s Advisory Council	369119	DV	Y
	Shelter Facility Meetings	369119	Y	SA
	Continuum of Care Homeless Participants (Names available on request)	369119	SMI	SA
	Department of Community Mental Health – Recipient members of Community Services Board, Mental Health Subcommittee & Reinvestment Advisory Committee (Countywide)	369119	SMI	SA
OTHER				

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

E: CoC Governing Structure Chart

HUD is considering establishing standards for the governing process and structure of Continuums of Care. As part of this consideration, HUD is gathering information on existing governing structures and processes in CoCs. Specifically, this chart asks for information about the primary decision-making group that you identified in Chart C: CoC Groups and Meetings Chart. No requirements are in place yet; however, the information that you enter will inform HUD’s decisions about how to move forward with standards in the future. **Please note:** a response to each question will earn full credit for this chart.

<p>1. Is the CoC’s primary decision-making body a legally recognized organization (check one)?</p> <p><input type="checkbox"/> Yes, a 501(c)(3)</p> <p><input type="checkbox"/> Yes, a 501(c)(4)</p> <p><input type="checkbox"/> Yes, other – specify: _____</p> <p><input checked="" type="checkbox"/> No, not legally recognized</p>
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2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

We do not have internal consensus on this issue. Some of our partners feel strongly that having a separately incorporated entity would be the most effective way to administer this program, while other partners feel equally strongly that having cities directly administer their own key projects is the only way to ensure that unique municipal needs and interests are adequately represented. We all agree however that we would benefit from additional HUD funds to hire consultants to assist with administrative functions, as we do now for HMIS.

3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?

30%

4a. Indicate how the **members** of the primary decision-making body are selected (check all that apply):

- Elected Assigned/Volunteer
 Appointed Other – specify: _____

4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)

All officers and members of the Steering Committee are elected by the Full Membership Committee

5. Indicate how the **leaders** of the primary decision-making body are selected (check all that apply):

- Elected Assigned/Volunteer
 Appointed Other – specify: _____

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in the past year to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation			
a. Newspapers	<input checked="" type="checkbox"/>	d. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters/Emails to CoC Membership	<input checked="" type="checkbox"/>	e. Announcements at CoC Meetings	<input checked="" type="checkbox"/>

c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	f. Announcements at Other Meetings	<input checked="" type="checkbox"/>
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	<input type="checkbox"/>	j. Assess Spending (fast or slow)	<input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings	<input type="checkbox"/>	k. Assess Cost Effectiveness	<input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings	<input checked="" type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR for Performance Results	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants	<input checked="" type="checkbox"/>	o. Review CoC Membership Involvement	<input type="checkbox"/>
g. Site Visit(s)	<input type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements)	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input type="checkbox"/>	d. One Vote per Organization	<input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote	<input checked="" type="checkbox"/>	e. Consensus (general agreement)	<input checked="" type="checkbox"/>
c. All CoC Members Present Can Vote	<input checked="" type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest	<input type="checkbox"/>

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an "X" in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year; as such, the CoC may choose to provide the chart submitted in the 2006 application.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
CLUSTER, Inc.		X		X	X				X			X						
Family Service Society of Yonkers									X	X								
Julia Dyckman Andrus Memorial										X								
The Center for Preventive Psychiatry										X	X							
The Sharing Community, Inc.		X	X	X		X			X	X			X					X
Legal Services of the Hudson Valley				X	X													
Westhab, Inc.									X	X						X	X	X
Mt. Vernon Neighbrhd Health Center							X				X	X	X					
The Renaissance Project, Inc.						X			X	X					X			
Mount Vernon United Tenants, Inc.				X						X								
WestHELP									X	X					X			
City of Mount Vernon		X				X							X		X			
Greyston Health Services									X				X					
Greyston Foundation									X	X					X	X		
YWCA of Yonkers									X	X							X	
St. John's Riverside Hospital											X	X	X					
Family Service of Westchester										X	X							
My Sister's Place							X		X	X								

Victims Assistance Services							X										
YMCA of Yonkers								X	X								X
St. Joseph's Medical Center										X	X	X	X				

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2006 and January 31, 2007. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory			Ind.	Fam.									
(Available for occupancy on or before Jan. 31, 2006)													
CCWC, Inc.	Naomi House*	N	0	0	364212	SF		0	0	19	19	0	0
Sharing Community, Inc	Yonkers SC Shelter*	PA	19	0	367260	SM		0	0	19	19	0	0
Sharing Community, Inc	Overnight Shelter	PA	30	0	367260			0	0	30	30	0	0
Grace Church CC, Inc.	Samaritan House*	N	0	0	367096	SF		0	0	19	19	0	0
Grace Church CC, Inc.	Open Arms*	N	0	0	367096	SM		0	0	38	38	0	0
Volunteers of America, Inc.	Grasslands Shelter*	N	0	0	369119	SMF		0	0	149	149	0	0
Volunteers of America, Inc.	Valhalla Residence*	N	0	0	369119	SMF	AIDS	0	0	19	19	0	0
Volunteers of America, Inc.	Overnight Shelters	N	0	0	367096	SM		0	0	43	43	0	0
WestCOP, Inc.	OASIS Shelter*	N	0	0	364408	SMF		0	0	27	27	0	0
CHOP, Inc	Jan Peek House*	N	0	0	369119	SMF		0	0	19	19	0	0
Providence House, Inc.	Providence House*	N	0	0	364408	FC		7	21		21	0	0
CV Runaway Youth	Sanctuary*	N	0	0	369119	YMF		0	0	14	14	0	0

Shelter													
Northern West Shelter	Northern West*	DV	0	0	369119	FC	DV	0	16	0	16	0	0
My Sister's Place, Inc.	My Sister's Place I*	DV	0	0	367260	FC	DV	0	15	0	15	0	0
My Sister's Place, Inc.	My Sister's PlaceII*	DV	0	0	369119	FC	DV	0	18	0	18	0	0
												0	0
SUBTOTALS:			49	0	SUBTOT. CURRENT INVENTORY:			7	70	396	473	0	0
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)				Ind.	Fam.								
				0	0				0	0	0	0	0
SUBTOTALS:						SUBTOTAL NEW INVENTORY:			0	0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)				Anticipated Occupancy Date									
				0					0	0	0	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:									0	0	0	0	0
Unmet Need									0	0	0	0	0
Total Year-Round Beds—Individuals						Total Year-Round Beds—Families							
1. Total Year-Round Individual Emergency Shelter (ES) Beds:			396			6. Total Year-Round Family Emergency Shelter (ES) Beds:			70				
2. Number of DV Year-Round Individual ES Beds:			0			7. Number of DV Year-Round Family ES Beds:			49				
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):			396			8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):			21				
4. Total Year-Round Individual ES Beds in HMIS:			49			9. Total Year-Round Family ES Beds in HMIS			0				
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			12%			10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):			0%				

*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

I: CoC Housing Inventory Charts

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

Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Indiv. Beds	
Current Inventory (Available for occupancy on or before Jan. 31, 2006)			Ind.	Fam.							
Westhab, Inc.	VGER Employ Res*	PA	61	0	369119	SM		0	0	61	61
Westhab, Inc.	Longview House*	PA	8	0	367096	SM		0	0	8	8
Westhab, In.	Windham Residence8	PA	15	0	367260	SMF		0	0	15	15
YWCA Yonkers	YWCA Residence*	N	0	0	367260	SF		0	0	14	14
YWCA White Plains	Ex-Offender Program*	N	0	0	367096	SF		0	0	12	12
Sharing Community, Inc.	Travers House*	PA	14	0	367260	SMF		0	0	14	14
Sharing Community, Inc.	Broadway Manor*	PA	16	0	367260	FC		0	0	16	16
WestHELP Inc.	Mt. Vernon Fam. Center*	N	0	0	364212	FC		46	184	0	184
WestHELP, Inc.	Greenburgh Fam.Ctr*	N	0	0	369119	FC		108	432	0	432
Westhab, Inc.	Coachman Fam Cent*	PA	0	400	367096	FC		100	400	0	400
HOPE, Inc.	Scattered Site Units*	N	0	0	369119	FC		44	176	0	176
CHI, Inc.	Scattered Site Units	N	0	0	369119	FC		27	108	0	108
IFCA, Inc.	Scattered Site Units	N	0	0	369119	FC		7	28	0	28
Fam. Resource Ctr, Inc.	Scattered Site Units	N	0	0	369119	FC		8	32	0	32
Westhab, Inc	Scattered Site Units	N	0	0	367260	FC		66	264	0	264
SUBTOTALS:			114	400	SUBTOT. CURRENT INVENTORY:			406	1624	140	1764
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
			0	0				0	0	0	0
SUBTOTALS:			0	0	SUBTOTAL NEW			0	0	0	0

				INVENTORY:						
Inventory Under Development (Available for Occupancy after January 31, 2007)		Anticipated Occupancy Date								
		0					0	0	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	0	0
Unmet Need							UNMET NEED TOTALS:			
							0	0	0	0
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families					
1. Total Year-Round Individual Transitional Housing Beds:		140		6. Total Year-Round Family Transitional Housing Beds:		1624				
2. Number of DV Year-Round Individual TH Beds:		0		7. Number of DV Year-Round Family TH Beds:		0				
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):		140		8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):		1624				
4. Total Year-Round Individual TH Beds in HMIS:		114		9. Total Year-Round Family TH Beds in HMIS		400				
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		81%		10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):		25%				

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Indiv./CH Beds	
Current Inventory (Available for occupancy on or before Jan. 31, 2006)			Ind.	Fam.							
City of Mt. Vernon	Scatter Site *	PA	19	0	3642 12	SMF		0	0	19	19
CLUSTER S+C	Scatter Site *	PA	8	0	3691 19	SMF		0	0	8	8
CLUSTER - NYSOMH	Scatter Site *	D	9	0	3691 19	SMF		0	0	9	9
Grace Church S+C	Scatter Site *	PA	35	0	3691 19	SMF		0	0	35	35
Guidance Center S+C	Scatter Site *	PA	31	0	3691 19	SMF		0	0	31	31
H.O.P.E. S+C	Scatter Site *	PA	7	7	3691 19	M		0	7	7	14
HDSW S+C	Scatter Site *	PA	84	40	3691 19	All		0	40	84	124
HDSW - NYSOMH	Scatter Site *	D	34	0	3691 19	SMF		0	0	34	34
HDSW – S+C – MR/DD	Scatter Site *	D	15	0	3691 19	SMF		0	0	15	15
Lexington Center – S+C	Scatter Site *	PA	0	58	3691 19	FC		0	58		58
Pathways S+C	Scatter Site *	PA	19	0	3691 19	SMF		0	0	19	19
Search For Change - NYSOMH	Scatter Site	D	25	0	3691 19	SMF		0	0	25	25
Sharing Community – S+C	Scatter Site *	PA	8	0	3691 19	SMF		0	0	8	8

WRO – S+C	Scatter Site *	PA	43	0	3691 19	SMF		0	0	43	43
WRO - NYSOMH	Scatter Site *	D	3	0	3691 19	SMF		0	0	3	3
Westhab	Scatter Site *	PA	40	17	3691 19	All		0	17	40	57
Greyston Health Serv. Perm. Housing	Issan House*	PA	35		367 260	HIV		0	0	35	35
Greyston Foundation Outreach/LifeSkills/C hildcare/PermHs	Scattered Site*	PA		38	367 260	FC		19	0	38	38
Family Serv. Soc.Ynkrs Homestead	Scattered Site*	PA	12		367 260	SM		0	0	12	12
Sharing Community S+C I	Scattered Site*	PA	48			SM				48	48
SUBTOTALS:			475	160	SUBTOT. CURRENT INVENTORY:				160	475	635
New Inventory in Place in 2006 (Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
HDSW – S+C	Scatter Site *	PA	5	1	3691 19	FC		0	1	5	6
Pathways – S+C	Scatter Site *	PA	10		3691 19	SMF		0	0	10	10
Westhab Vets – S+C	Scatter Site *	PA	12		3691 19	M		0	0	12	12
Lexington Center	Scatter Site *	PA	2		3691 19	SMF		0	0	2	2
Westhab, Inc SRO S+C	Windham*	PA	2		367 260			0	0	2	2
YMCA of Yonkers S+C	YMCA of Yonkers*	PA	2		367 260	SM		0	0	2	2

SUBTOTALS:			33	1	SUBTOTAL NEW INVENTORY:		0	1	33	34
Inventory Under Development (Available for Occupancy after January 31, 2007)		Anticipated Occupancy Date								
City of Mt Vernon	Scatter Site *	9/07	3642 12	SMF		0	0	7	7	
HDSW – S+C	Scatter Site *	9/07	3691 19	SMF		0	0	14	14	
Westhab Vets II – S+C	Scatter Site *	9/07	3691 19	SMF		0	0	6	6	
Family Serv. Soc.Ynkrs Homestead II	Scatter Site*	9/07	3672 60	SM		0	0	12	12	
SUBTOTAL INVENTORY UNDER DEVELOPMENT:						0	0	39	39	
UNMET NEED TOTALS:										

Total Year-Round Beds—Individuals		Total Year-Round Beds—Families	
1. Total Year-Round Individual Permanent Housing Beds:	547	6. Total Year-Round Family Permanent Housing Beds:	161
2. Number of DV Year-Round Individual PH Beds:	0	7. Number of DV Year-Round Family PH Beds:	0
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):	547	8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):	161
4. Total Year-Round Individual PH Beds in HMIS:	486	9. Total Year-Round Family PH Beds in HMIS	161
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	89 %	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100%

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time (PIT) count during the last week of January 2007.

(1) Indicate date on which Housing Inventory count was completed: _____ (mm/dd/yyyy)	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
100 %	Emergency shelter providers
100 %	Transitional housing providers
100 %	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input checked="" type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	

*The HUD Unmet Need Guide and Worksheet can be found by going to:
<http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

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

Complete the following chart based on the most recent point-in-time count conducted. Your CoC must have completed a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2007. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Please note: this chart is embedded as an Excel spreadsheet within this Word document. **To enter data, double-click anywhere on the chart.** For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: (01/31/2007)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households with Dependent Children	38	327	0	365
1a. Total Number of Persons in these Households (adults and children)	118	1021	0	1139
2. Number of Households without Dependent Children**	396	143	136	675
2a. Total Number of Persons in these Households	354	158	136	648
Total Persons (Add Lines 1a and 2a):	472	1179	136	1787
Part 2: Homeless Subpopulations below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	43		97	140
b. Severely Mentally Ill	40		0	40
c. Chronic Substance Abuse	105		0	105
d. Veterans	24		0	24
e. Persons with HIV/AIDS	10		0	10
f. Victims of Domestic Violence	115		0	115
g. Unaccompanied Youth (Under 18)	14		0	14

*Optional for unsheltered homeless subpopulations

** Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)

***For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

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

Complete the following charts based on the most recent point-in-time (PIT) count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):
<input checked="" type="checkbox"/> Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/> HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.

<input type="checkbox"/> Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):
<input type="checkbox"/> Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/> Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input checked="" type="checkbox"/> Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/> Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input type="checkbox"/> HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/> Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):
<input type="checkbox"/> Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/> Training – Trained providers on completing the sheltered PIT count.
<input type="checkbox"/> Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input type="checkbox"/> HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/> Other –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?
<input type="checkbox"/> Biennial (every two years)
<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual
<input checked="" type="checkbox"/> Other – specify: data is collected on a daily basis
(5) Month and Year when next count of sheltered homeless persons will occur: <u> Daily </u>
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:
<u> 100 </u> % Emergency shelter providers
<u> 100 </u> % Transitional housing providers

*Please refer to ‘A Guide to Counting Sheltered Homeless People’ for more information on unsheltered enumeration techniques.

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input checked="" type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input type="checkbox"/> ALL persons were interviewed OR <input type="checkbox"/> Sample of persons were interviewed
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people homeless people or for subpopulation information.
<input type="checkbox"/>	Other – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input checked="" type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input type="checkbox"/>	Community volunteers
<input type="checkbox"/>	Homeless and/or formerly homeless persons
<input type="checkbox"/>	Other – specify:
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted training(s) for PIT enumerators.
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.
<input type="checkbox"/>	Other – specify:
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
<input checked="" type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – specify:
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: 01/09	

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

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name: Westchester Co. Dept. of Social Services	Contact Person: Diane Stern
Phone: 914.995.4814	Email: dcs1@westchestergov.com
Organization Type: State/local government <input checked="" type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other <input type="checkbox"/>	

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

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Yonkers/Mt. Vernon/New Rochelle/Westchester County CoC	NY 604		

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

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy) 04/2006	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
--	--

Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS implementation:

The Westchester CoC has approximately 28 member agencies in a geographically diverse county. The challenges for implementation: how to have a system installed for 28 agencies each of which has several office sites. Challenges included installation, maintenance, future upgrades, access and monitoring the usage of the system. After much review of the HUD approved software packages available, it was decided by Continuum Management that the solution to the implementation challenges: purchase an Internet based system. No installation at office sites would be required, maintenance and upgrades are performed at one central site, access and monitoring are possible by simple Internet access and unique user ids.

2. HMIS Data and Technical Standards Final Notice requirements:

The barriers facing the Westchester CoC in regards to the HMIS Data and Technical Standards Final Notice: How to ensure that each of the 28 member agencies agree to uphold the data requirements and how to ensure that the end user population, a population faced with significant turnover, would in fact observe the data standards rules. It was decided by Continuum Management that any system purchased would have to include functionality that required the end user to enter data in fields deemed mandatory by HUD.

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	0	0
2005	0	0
2006	1,284	1,218

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
------------------------	-----------------------	------------------------	-----------------------

Name	0%	Gender	0%
Social Security Number	0%	Veteran Status	0%
Date of Birth	0%	Disabling Condition	0%
Ethnicity	0%	Residence Prior to Program Entry	0%
Race	0%	Zip Code of Last Permanent Address	0%

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

The Software Package that is used for the Westchester CoC HMIS requires that data is provided for all the above fields. This is in accordance with HUD's HMIS Data and Technical Standards Notice.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter		Y	9/07
Transitional Housing		Y	9/07
Permanent Supportive Housing	Y		

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.

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

For each item listed below, place an "X" in the appropriate box to indicate your response: Yes (Y), No (N) or Planned/In Progress (P). Check **only one column** per item.

	Y	N	P
1. Training Provided:			
Basic computer training		X	
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least annually?	X		
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
3. Security—Participating agencies have:			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?	X		
4. Security—Agency responsible for centralized HMIS data collection and storage has:			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.	X		
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?			X
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?	X		
Does each participating agency have a privacy policy posted on its website (if applicable)?			X
6. Data Quality—CoC has process to review and improve:			
Client level data quality (i.e. missing birth dates etc.)?	X		
Program level data quality (i.e. data not entered by agency in over 14 days)?	X		
CoC bed coverage (i.e. percent of beds)?	X		
7. Unduplication of Client Records—the CoC:			
Uses only HMIS data to generate unduplicated count?	X		
Uses data integration or data warehouse to generate unduplicated count?		X	
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:			
Point-in-Time Count			X
Project/Program performance monitoring		X	
Program purposes (e.g. case management, bed management, program eligibility screening)			X
Statewide data aggregation (e.g. data warehouse)			X

Part III: CoC Strategic Planning

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

Please provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. The percentages listed in these national objectives are the national

averages. Your CoC should aim for these targets as a minimum. HUD expects all CoCs to be meeting or exceeding these standards, as these standards will be modestly increasing over time. This is to ensure that CoCs continue to work to serve the hardest-to-serve homeless populations.

If your CoC will not be able to meet one or more objectives, please describe barriers in the space provided. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2008 application.

For further, detailed instructions for filling out this section, see the Instructions section.

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

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	Expand PH resource pool by at least 40 beds for CH during the coming year: a. DSS will implement county-funded rent subsidies for 30+ CH by 9/1/07. b. Partnership will bring 10+ S+C beds on-line for CH by 6/1/08.	Tom Hibbard, Co-Chairperson, CoC Full Committee	45	40	80	120
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	Already achieved, with 85% in 2006-2007	Diane Stern, Deputy Comm. WCDSS	83.7%	83.7%	84%	85%
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	The data reported in our APRs does not accurately reflect our entire pool of transitional housing, because the data has only been being reported by a handful of CoC-funded short-term employment programs in transitional housing. We are planning to have 75% of our total transitional housing supply using HMIS by 9/07, and that will allow us to track and report more accurate data that will show that most homeless people leaving our TH do move to PH.	Diane Stern, Deputy Comm. WCDSS	25%	61.5%	65%	70%
4. Increase percentage of homeless persons employed at exit to at least 18%.	Already achieved, with 40% in 2006-2007	Diane Stern, Deputy Comm. WCDSS	40%	45%	50%	60%
5. Ensure that the CoC has a functional HMIS system.	Already achieved, with a contracted software vendor and an independent HMIS consultant	Carmine Coletti, HMIS Consultant	75 % Bed Coverage	75% Bed Coverage	75% Bed Coverage	75% Bed Coverage
Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).						

Other CoC Objectives in 2007

1.					
2.					

O: CoC Discharge Planning Policy Chart

For each category of publicly funded institution or system of care in your CoC, check a box to indicate the level of development of a discharge planning policy. Check **only one** box per category. Use the space provided to describe the discharge planning policy for each category, or the status of development. For detailed instructions for filling out this section, see the Instructions section.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Foster Care:

As a Continuum of Care Member, the Dept. of Social Services controls all discharges of children from foster care in Westchester County. A committee reviews all foster care discharge plans in order to ensure that no one is discharged into a homeless situation.

Health Care:

All Health Care Facilities have been instructed to call the Single Homeless Assessment Center which is administered by both the Department of Social Services and the Department of Community and Mental Health. The Assessment Center evaluates the individuals' housing needs and makes recommendations for appropriate placement. The Department of Social Services secures the actual housing.

Mental Health:

Entry into the publicly-funded housing resources (Federal and State-funded) is managed by the County-sponsored Single Point of Access Committee, made up of WDCMH staff and housing provider staff. Priorities for referrals are established, cases are assigned to providers, and both Federal (S+C) and State(NYSOMH) requirements are strictly adhered to. As a State requirement, formal policies and procedures have been established governing this process, which also include McKinney-Vento stipulations.

Corrections:

Admission to any shelter in Westchester County requires that the person be eligible for Temporary Assistance. There is no direct placement into any shelter.

Prior to release, parole or probation contacts the Department of Social Services in order to facilitate the application process necessary for placement. DSS determines the appropriate placement for the individual.

*Please note that “corrections” category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

1. Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

Column (1): New this year, check the box in this column if the first project listed is a proposed Samaritan bonus project. **Column (5):** The requested project amount must not exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the project budget will be reduced to the amount shown on the CoC Project Priorities Chart. **Column (7):** Place the component type under the appropriate program for each project in column 7. Acceptable entries include PH, TH, SH-PH, SH-TH, SRO, SSO, HMIS, TRA, SRA, PRA, or PRAR. Do not simply enter an “X” in the box provided. **Column (9):** For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please do not restart S+C project priority numbering from 1. For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:*						CoC #:			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input checked="" type="checkbox"/> ** Westchester County Department of Social Services	Westchester County Department of Social Services	Rent subsidies and case management	1	\$1,050,370	3 yr	X			
Westchester County Department of Social Services	Westchester County Department of Social Services	HMIS	2	\$345,652	1 yr	X			
City of Mount Vernon	Renaissance	Chemical Dependency Outreach	3	\$43,260	1 yr		X		
City of Mount Vernon	City of Mount Vernon	Harm Reduction and Outreach	4	\$49,749	1 yr		X		
City of Mount Vernon	City of Mount Vernon	Homeless Employment Initiative	5	\$171,675	1 yr		X		
City of Mount Vernon	Westhab	Mt. Vernon OWN	6	\$33,273	1 yr		X		
City of Mount Vernon	MTV United Tenants	Rehousing Assistance Program	7	\$30,450	1 yr		X		
City of Mount Vernon	Andrus	MTV Family Strengthening	8	\$45,000	1 yr		X		
Municipal Housing Authority of the City of Yonkers	Sharing Community	HOST II Drop-in	9	\$236,659	1 yr		X		
City of Mount Vernon	City of Mount Vernon	Shallow Rent Program	10	\$142,369	1 yr		X		
Municipal Housing Authority of the City of Yonkers	My Sister's Place	Shelter & Legal Services	11	\$15,366	1 yr		X		

City of Mount Vernon	MTV Neigh Hlth Center	Medical & Substance Abuse Outreach	12	\$73,049	1 yr		X		
Westchester County Department of Social Services	Westhab	STAIR	13	\$205,485	1 yr		X		
Municipal Housing Authority of the City of Yonkers	Greyston Foundation	Outreach/Life Skills/Childcare/Perm Hsg	14	\$66,641	1 yr		X		
Municipal Housing Authority of the City of Yonkers	YWCA of Yonkers	JobPlus	15	\$46,034	1 yr		X		
Municipal Housing Authority of the City of Yonkers	Westhab	Yonkers OWN	16	\$46,941	1 yr		X		
Westchester County Department of Social Services	Tarrytown YMCA	CoC Supportive Hsg	17	\$30,000	1 yr		X		
Municipal Housing Authority of the City of Yonkers	Andrus	CPP-Andrus Family Care	18	\$26,978	1 yr		X		
Greyston HS	Greyston HS	Issan House	19	\$251,112	1 yr		X		
Legal Services of Hudson Valley	Legal Services of Hudson Valley	Legal Services	20	\$52,753	1 yr		X		
Municipal Housing Authority of the City of Yonkers	Westhab	Yonkers OWN (Components 2&3)	21	\$102,274	1 yr		X		
Municipal Housing Authority of the City of Yonkers	Family Service Society of Yonkers	Homestead	22	\$177,497	1 yr		X		
Westchester County Department of Social Services	Human Development Services of Westchester	Family Program	23	\$121,776	1 yr		X		
Municipal Housing Authority of the City of Yonkers	Westhab	Yonkers OWN (Component 4)	24	\$32,333	1 yr		X		
Westchester County Department of Social Services	Westhab	Grandfamily Housing	25	\$420,000	3 yrs	X			
City of Mount Vernon	City of Mount Vernon	MTV Vets Housing-S+C-3 units	26	\$216,000	5 yrs			X	
Municipal Housing Authority of the City of Yonkers	YMCA of Yonkers	Vets Housing-S+C-5 units	27	\$226,500	5 yrs			X	
Westchester County Department of Social Services	Westhab	Vets Housing-7 units	28	\$420,000	3-yrs	X			
Municipal Housing Authority of the City of Yonkers	St. John's-Riverside Hospital	Hope Ctr-2 SRO for HIV+-S+C	29	\$95,540	5 yrs			X	
Westchester County Dept. of Community Mental Health	Renaissance	S+C A&SA	30	\$360,000	5 yrs			X	

Westchester County Department of Social Services	Childrens Village	Life Bridges-16 units	31	\$204,660	3 yrs	X			
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$5,339,396					
(9) Shelter Plus Care Renewals:							S+C Component Type		
Municipal Housing Authority of the City of Yonkers	Sharing Community	S+C Renewal	32	\$403,056	1		SRA		
Westchester County Dept. of Community Mental Health	Lexington Center	S+FC Renewal Round I	33	\$862,488	1		SRA		
Westchester County Dept. of Community Mental Health	Lexington Center	S+FC Renewal Round II	34	\$1,034,544	1		SRA		
Westchester County Dept. of Community Mental Health	Lexington Center	S+FC Renewal Round III	35	\$895,284	1		SRA		
Westchester County Dept. of Community Mental Health	Grace Church Community Center	S+FC Renewal Round IV	36	\$1,101,708			SRA		
Westchester County Dept. of Community Mental Health	Lexington Center	S+FC Renewal Round V	37	\$635,592			SRA		
Westchester County Dept. of Community Mental Health	H.O.P.E.	S+FC Renewal Round VI	38	\$406,068			SRA		
Westchester County Dept. of Community Mental Health	Human Development Services of Westchester	S+FC Renewal Round VII	39	\$208,740			SRA		
Westchester County Dept. of Community Mental Health	Human Development Services of Westchester	S+FC Renewal Round VIII	40	\$524,866			SRA		
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$6,072,346					
(11) Total CoC Requested Amount (line 8 + line 10):				\$11,411,742					

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>.

**Check this box if this is a #1 priority Samaritan bonus project.

CoC-Q

R: CoC Pro Rata Need (PRN) Reallocation Chart

NOT APPLICABLE

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
Yonkers/Mt. Vernon/New Rochelle/Westchester County CoC	\$59,995,947

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		574,899		889,899		889,899		889,899		889,899		889,899	
Safe Havens-TH													
Permanent Housing (PH)		1,365,250		525,250		840,250		525,250		525,250		525,250	
Safe Havens-PH													
SSO		692,532		692,532		1,215,873		792,532		792,532		792,532	
HMIS													
Totals		2,632,681		2,107,681		2,946,022		2,207,681		2,207,681		2,522,681	
Shelter Plus Care (S+C) Projects:													
Number of S+C Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO		17	192,168	10	113,040	10	113,040	10	113,040	14	158,256	14	158,256
0		17	205,224	17	205,224	17	205,224	33	398,376	42	507,024	42	507,024
1		245	3,528,000	250	3,600,000	268	3,859,200	278	4,003,200	291	4,190,400	298	4,291,200
2		72	1,205,280	72	1,205,280	74	1,238,760	74	1,238,760	80	1,339,200	80	1,339,200
3		38	766,992	38	766,992	42	847,728	43	867,912	43	867,912	43	867,912
4		11	273,768	11	273,768	13	323,544	13	323,544	13	323,544	13	323,544
5		2	55,200	2	55,200	2	55,200	2	55,200	2	55,200	2	55,200
Totals		402	6,226,632	400	6,219,504	426	6,642,696	453	7,000,032	485	7,441,536	492	7,542,336

Part IV: CoC Performance

U: CoC Achievements Chart

For the five HUD national objectives in the **2006** CoC application, enter the 12-month measurable achievements that you provided in Exhibit 1, Chart N of the **2006 CoC application**. Under “Accomplishments,” enter the *numeric* achievement that your CoC attained within the past 12 months that is *directly related* to the measurable achievement proposed in 2006. Below, if your CoC did not meet one or more of your proposed achievements, please describe the reasons for this.

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	Expand PH resource pool by at least 10 beds per year for CH	Achieved, with 34 new beds opening in 2006-2007
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	Achieve 75%	Achieved, with 85% in 2006-2007
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	Achieve 65%	Not achieved, with 25% in 2006-2007
4. Increase percentage of homeless persons becoming employed by 11%.	Begin tracking this data element in ES and TH programs as part of daily updates. Establish baseline database and map strategy to achieve this objective.	2006-2007 baseline: 40%
5. Ensure that the CoC has a functional HMIS system.	Achieve 50% of HUD-funded beds in HMIS system	Achieved, with a contracted software vendor and an independent HMIS consultant, with over 75% beds in HMIS
<p>Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.</p> <p>The data reported in our APRs does not accurately reflect our entire pool of transitional housing, because the data has only been being reported by a handful of CoC-funded short-term employment programs in transitional housing. We are planning to have 75% of our total transitional housing supply using HMIS by 9/07, and that will allow us to track and report more accurate data that will show that most homeless people leaving our TH do move to PH.</p>		

OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.

Over the last 12 months our Partnership has:

- implemented our new HMIS with over 1,200 unduplicated client records now entered,
- welded our Partnership into a more cohesive and effective team now sharing data and shaping priorities much more effectively,
- developed our most accurate count ever of chronically homeless adults,
- won county approval for new county-funded rent subsidies for chronically homeless permanently disabled adults,
- opened our first housing facility specifically designed for disabled homeless veterans,
- developed collaborative plans for a variety of other new housing options for disabled homeless veterans, included as priorities 26, 27, and 28,
- mobilized our local HIV/AIDS advocacy committee to become more involved in developing housing for homeless people with HIV/AIDS, resulting in development of priority #29, and
- mobilized new county and state resources to help develop and manage housing for chronic substance abusers.

V: CoC Chronic Homeless (CH) Progress Chart

The data in this chart should come from January 2007 point-in-time counts also used for Chart K: Populations and Subpopulations Chart and Chart I: Housing Inventory Chart. For further instructions in filling out this chart, please see the Instructions section.

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.		
Year	Number of CH Persons	Number of PH beds for the CH
2005	97	13
2006	97	21
2007	140	45 (applying for IN 2007)
<p>Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:</p> <p>Westchester County continues to increase its outreach efforts to individuals utilizing the emergency overnight shelter system. The Continuum partners continue to meet on case specific situations to secure housing to the chronically homeless, particularly the street population. Since the last count, Westchester has developed more sophisticated tracking to obtain a more accurate count of those individuals that are chronically homeless as defined by HUD.</p>		
2. Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:		<u>15</u>
3. Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2006 and January 31, 2007.		

Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$920,000	\$	\$	\$	\$
Operations	\$80,000	\$	\$	\$	\$
TOTAL	\$1,000,000	\$	\$	\$	\$

W: CoC Housing Performance Chart

The following chart will assess your CoC’s progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year’s competition for the applicable areas presented below, check the appropriate “No applicable renewals” box in the chart.

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	99
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	477
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	88
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	402
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	85%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	218
b.	Number of participants who moved to PH	55
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	25%

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
762	a. SSI	66	9
762	b. SSDI	54	7
762	c. Social Security	0	0
762	d. General Public Assistance	167	22
762	e. TANF	123	16
762	f. SCHIP	0	0
762	g. Veterans Benefits	1	>1
762	h. Employment Income	304	40
762	i. Unemployment Benefits	5	>1
762	j. Veterans Health Care	11	1
762	k. Medicaid	323	43
762	l. Food Stamps	316	42
762	m. Other (please specify)	82	11
762	n. No Financial Resources	25	3

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons 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**. Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.

	CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart

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

Project Number	Applicant Name	Project Name	Grant Amount
NY01B50-4032	Westchester County DSS	My Sister's Place – DV Transitional Housing	\$315,000
NY01B50-4002	Westchester County DSS	HMIS	\$208,425
		Total:	\$523,425

AA: CoC Participation in Energy Star Chart

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

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

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 78 %

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. If you answered yes to Question 1:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Is the project requesting \$200,000 or more?		
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3. If you answered yes to Question 2:

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

- The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.
- The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.
- The project will notify any area Youthbuild programs of job opportunities.
- If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for “Section 3 business concerns”* that provide economic opportunities and will include the “Section 3 clause”** in all solicitations and contracts.
- The project has hired low- or very low-income persons.

*A “Section 3 business concern” is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.

**The “Section 3 clause” can be found at 24 CFR Part 135.

America's Affordable Communities Initiative	U.S. Department of Housing and Urban Development	OMB approval no. 2510-0013 (exp. 03/31/2010)
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Public reporting burden for this collection of information is estimated to average 3 hours. This includes the time for collecting, reviewing, and reporting the data. The information will be used to encourage applicants to pursue and promote efforts to remove regulatory barriers to affordable housing. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

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

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

<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: “<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>” (www.huduser.org/publications/destech/smartcodes.html)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>10. Does your jurisdiction’s zoning ordinance or land use regulations permit manufactured (HUD-Code) housing “as of right” in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

<p>11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>Total Points:</p>	<p>7</p>	<p>13</p>

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

THOMAS R. HIBBARD
PROGRAM DIRECTOR, CSS
WESTCHESTER COUNTY DEPARTMENT OF COMMUNITY MENTAL HEALTH
112 EAST POST ROAD, 2ND FLOOR
WHITE PLAINS, NEW YORK 10601

(fold line)

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying:

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To Be Completed by HUD

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
- Enclosed
 - Being sent under separate cover

Processor's Name _____

Date of Receipt _____