

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.

- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: CA-509 - Mendocino County CoC

1A-2. Collaborative Applicant Name: Mendocino County Health and Human Services Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Mendocino County Health and Human Services Agency

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No	No
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran's Services	Yes	Yes	Yes
Mendocino Community Health Clinics	Yes	Yes	Yes
Food Bank/Meal service provider	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)**

Minutes and agendas are publically posted, formal annual and ongoing membership solicitations occur. Recent Governing Board vacancies were filled through informal recruitment activities for the Homeless or Formerly Homeless, and Agency Serving the Severely Mentally Ill. The CoC considers the full range of opinions based on open meetings, transparent decision making, as well as working with a wide variety of groups with varying opinions on what the CoC's focus should be. An example of this is the newly developed Shelter Solutions Committee, created out of need when a local homeless shelter restructured with a specific population focus. The Shelter Solutions Committee addresses sheltering needs throughout Mendocino County. The committee is currently focused on winter sheltering with plans to become a year round shelter which will serve the most difficult populations including the chronically homeless and severely mentally ill.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Redwood Community Service	No	Yes	Yes
Mendocino Youth Project	Yes	Yes	No
Mendocino County Office Of Education	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Project Sanctuary	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The CoC has a Strategic Planning Committee which has been identified as the committee responsible for implementation of specific strategies. This year, HUD VASH vouchers total 92 for Mendocino County, with an additional 10 more awarded for 2016.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CoC publically announces the NOFA as well as posting it on the CoC website. The CoC, as it has re-structured to be in compliance with the Interim Rule, has attracted new members, as well as had clarification on who can apply for this funding. This year there one new application by a previous recipient in partnership with the Transitional Aged Youth providers to serve chronically homeless Transitional Aged Youth, as well as a new planning grant application for redesign of the coordinated entry process to align with HUD's Coordinated Entry Policy Brief.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	0	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	0	0.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	0	0.00%
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)**

There are four ways in which the CoC participates with the Consolidated Plan jurisdiction including: Quarterly all member meetings to conduct ongoing evaluation of the countywide homeless services system and providing a forum for program planning and resource development to maintain and improve services. In addition, the Governing Board meets monthly to evaluate the service delivery system for the homeless and to set policies for CoC projects and plans for programmatic expansions and improvement and brings significant project issues and recommendations to the membership; The management team meets to troubleshoot policy and programmatic decisions that cannot wait until the monthly meetings or are of the day to day operations nature. The CoC conducts the Needs assessment as well as producing the Housing Market Cost Study.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)**

Mendocino County CoC does not currently have any ESG funded recipients. The CoC has developed and implemented ESG performance standards and evaluation process as required for ESG funding opportunities.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld.
(limit 1000 characters)**

The local victim service provider is an active member of the CoC Governing Board and fully participates in all CoC meeting, as well sits on several committees. Security of participants is insured through a confidential intake processes which does not collect or report personal identifying information. Survivors of domestic violence are provided housing choice through assessment and ongoing case management conversations. Location of sheltering is always confidential. In addition, all mail being sent to clients is addressed to a secure state mailbox, which is then forwarded to the client to protect their location.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Community Development Commission of Mendocino County	9.46%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)**

Ford Street Project has units that are not funded by the CoC and are targeted to homeless households with Children. These units are targeted to households with children who are discharged from the Family Dependency Drug Court process the county has. These units are designed to provide homeless households stability while they are working with the court system to re-unite with their children, and take care of their legal issues, as well as increase their economic viability.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="checked" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="checked" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Currently Mendocino County is working with CSH for HUD Technical Assistance to redesign our Coordinated Entry process. Once completed, we will have triage locations in various rural areas throughout the county. These triage sites will be publicized and will utilize commonly accessed locations within the very rural communities. Individuals and families will be linked to homeless services and information throughout the CoC's geographical area from these triage sites. The triage location partners will be trained to determine homelessness and link individuals to one of the county's two Homeless Resource Centers for assessment where individuals will be assessed and connected to the appropriate housing and services to meet their individual needs. The CoC will utilize the VI-SPDAT to prioritize those with the highest needs and vulnerabilities for services.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local HIV/Viral Hepatitis Non Profit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meal and Food Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Resource Centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	4
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	4
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

In the project applications received the CoC reviewed all projects; each of which prioritized chronically homeless, youth, families and victims of domestic violence. The projects provide documentation of policy and compliance with the requirement to serve the clients identified as those with the highest needs and vulnerabilities. All Mendocino County Projects utilize VI-SPDAT to identify and prioritize applicants based on their vulnerability score.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The CoC made the local competition review, ranking, reallocation and selection criteria available to the public and to stakeholders through posting it on the CoC website.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

10/16/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

11/03/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?

Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

the Performance Measurement Committee is responsible for Monitoring and ensuring CoC funded projects are meeting timelines and goals as outlined in their applications, in addition to meeting the CoC performance goals. The CoC lead agency does compliance visits to monitor all areas of performance. HMIS Data is also utilized to identify project and data outcomes to address areas for improvement.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. 5,9 CoC Governance Charter

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

ClientTrack

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Client Track Inc.

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation Single CoC coverage area:

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$20,200
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$20,200

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$4,500
State	\$0
State and Local - Total Amount	\$4,500

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$550
Private - Total Amount	\$550

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$10,800
Other - Total Amount	\$10,800

2B-2.6 Total Budget for Operating Year	\$36,050
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 01/22/2015
2015 HIC data in HDX, (mm/dd/yyyy):**

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	136	14	116	95.08%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	56	8	48	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	252	0	252	100.00%
Other Permanent Housing (OPH) beds	14	0	14	100.00%

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

NA

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	7%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	2%
3.9 Residence prior to project entry	18%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	23%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	35%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

ES-FAM, ES-IND, TH-FAM, TH-IND, PSH-FAM, PSH-IND	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

The PATH program is mandated to begin using HMIS by July 2016. Currently the CoC's HMIS is working on integrating the program into the HMIS system. This program is a SAMHSA - Department of Health and Human Services is the Federal Partner.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for 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 the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/22/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/05/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input checked="" type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input checked="" type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)**

Surveys were utilized to gather information from all adult residents in emergency shelters and transitional housing. Numbers were also confirmed using HMIS data. This methodology was utilized to ensure complete count and data collection of sheltered homeless persons on the night of the count and provided surveys for those who do not enter information into HMIS such as other service providers who may provide vouchers for hotels.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

In 2014, residents were not surveyed, a census was taken utilizing the number of people served. In 2015 all sheltered residents were surveyed in addition to using HMIS data.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

N/A

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Provider follow-up:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The PIT Count is a CoC activity which requires that all members participate. All partnering agencies who provide services to the homeless are actively engaged in the planning and implementation process of the Point in Time Count. In 2015 partner agency staff were trained to complete surveys with residents.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/22/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? No

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/05/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The CoC utilized a hybrid methodology for the 2015 PIT Count by combining complete census, known location and a Service-based count. The CoC chose this methodology as our geographic location is very large, with a large portion of this being extremely rural communities, wilderness that are uninhabitable, and three main population centers. The majority of the volunteers are dispatched in groups of two from the population centers. They are instructed to count all of the homeless observed within their mapped route area. Groups are sent out to cover the population centers, the very rural communities, and the encampment areas. Over the years known homeless encampments have been identified and are updated with current information annually. Service based surveys are also conducted on the day of the count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

No Change

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

N/A

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		1,392	947	-445
Emergency Shelter Total		106	112	6
Safe Haven Total		0	0	0
Transitional Housing Total		68	40	-28
Total Sheltered Count		174	152	-22
Total Unsheltered Count		1,218	795	-423

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		690
Emergency Shelter Total		599
Safe Haven Total		0
Transitional Housing Total		91

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.

(limit 1000 characters)

The CalWORKS program of Mendocino County's HHSA has applied for and received funding for CalWORKS eligible clients for homeless prevention. This project will collaborate with the CoC utilizing Coordinated Entry to help stabilize families who are at risk of homelessness and to quickly rehouse them in the event that prevention can not occur. In addition, Legal Services of Northern California provides assistance and advocates for eligible households to prevent households from becoming homeless due to reasons such as eviction, or tenant/landlord disputes.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The VI-SPDAT and housing first have recently been adopted for the PSH programs operated by the CDC. The CoC identifies and houses individuals first by VI SPDAT score and secondly by date of intake. Individuals who are most vulnerable are immediately placed into permanent supportive housing with case management support insuring that the CoC is meeting the needs of the most vulnerable individuals without the historical barriers. Barriers that have been removed include the elimination of Case Conferencing for permanent housing, elimination of sobriety and minimum clean time mandates, as well as other processes which have historically delayed eligibility for entry into permanent housing. The CoC identifies and houses individuals first by vulnerability score and secondly by date of intake. In addition, The CalWORKS housing support program of Mendocino County's HHSA has received funding to ameliorate length of homelessness for CalWORKS eligible clients through permanent housing placement.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		511
Of the persons in the Universe above, how many of those exited to permanent destinations?		125
% Successful Exits		24.46%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		256
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		205
% Successful Retentions/Exits		80.08%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The PSH programs have a much more lenient approach to termination of rental assistance, working with case managers and clients together when lease issues come up that may result in a termination of tenancy. Additionally, Legal Services of Northern California provides lease/eviction/tenant landlord dispute services for eligible households. CalWorks division of HHSA has recently been awarded a homeless prevention grant, which will assist households to prevent homelessness.

3A-6. Performance Measure: Job and Income Growth.

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)**

Permanent Supportive Housing participants work with their case managers regarding their housing stability goals, which includes income stability. Some case managers have SOARS training. Additionally Legal Services of Northern California does benefits advocacy for eligible households. CalWORK clients are engaged in ESE and stabilization programs to support employment.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)**

Both Homeless resource centers have employees who were previously participants, and continue to hire when appropriate. Access and referrals to CalWorks Job Services, Workforce Investment Act, and Mendocino Works where clients are able to utilize computers to job search, write a resume, attend employment services workshops, as well learn as job readiness skills. In addition, education resources and information are provided to individuals and families who have been identified with the need for such services.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

There are local meal providers who provide space for any organization working with the homeless population to come in and conduct outreach. This includes the recent effort to implement a street medicine program, as well as efforts for the PIT count. Additionally Veteran service providers do outreach for that population. The youth providers have drop in centers that provide opportunities to youth to enroll and participate in services. Additionally the youth providers provide outreach "events" that are designed to draw in youth, where they can begin to engage. The Mendocino Coast Hospitality Center does street outreach through the PATH program.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? Yes

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

Mendocino County has some extremely rural areas, as such, these were not included in the point in time count, as these areas are not inhabited.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	227	112	-115
Sheltered Count of chronically homeless persons	29	35	6
Unsheltered Count of chronically homeless persons	198	77	-121

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)**

The total number of people in the sheltered count this year was 152, last year it was 186 which is approximately a 20% decrease. The numbers in emergency shelters decreased by 5 and transitional housing decreased by 29. During 2014, one of the main providers of emergency shelter and transitional housing in our county reorganized and we lost several beds in both emergency shelter and transitional housing. In late 2014, the county seat passed ordinances boosting the penalties for camping and panhandling in the city. During the Point-In-Time Count, throughout the county, workers experienced increased hostility from some homeless and areas where encampments had been located a week before were no longer there. We believe that there is a correlation between these two events. Whether unsheltered homeless have left the area or went into hiding at the time of the count is unclear, but we suspect it is probably a combination of these two possibilities.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

In 2013, Mendocino County CoC has been working diligently to restructure it's CoC. This year we continue to increase the level of collaboration with community agencies and organizations, we developed a Governance Charter, established a governance board, updated ranking and rating to meet the HUD priorities and are establishing a solid foundation for our CoC. In the next two years, Mendocino County CoC will strive to achieve the goal of ending homelessness through increasing affordable housing, increasing income for homeless individuals and families, providing referrals to supportive services which will address any additional barriers clients may have that prevent them from becoming permanently housed.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The largest grant funded by the CoC, the Permanent Supportive Housing program, has re-written its policies to incorporate a housing first model, removing many unnecessary barriers to receiving rental assistance. Additionally, in this application, there is an expansion grant request to serve transitional aged youth with permanent supportive housing. All beds that open up in both of the programs are providing priority to chronically homeless individuals. Additionally, in the next year, there are plans to end one transitional housing program, which will be replaced with permanent supportive housing targeting households with children.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	0	0	0

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)**

HUD/VASH vouchers (10 additional) have been awarded to the local housing authority, with a start date of 1/1/2016. The housing authority has requested a waiver from HUD to allow these units to be project based, thus increasing the units available, and enabling the local VA to provide the necessary supportive services.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

No

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.

N/A

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
--	--	----------------------------

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.

258

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.

45

Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.

45

This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.

100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

Mendocino County has had a very limited stock of available housing. This situation has been exasperated due to several wild land fires in Lake County, a connected neighboring county which destroyed two towns, businesses, and thousands of homes displacing thousands of individuals and families. Mendocino County has provided emergency disaster sheltering for displaced disaster refugees since the fire. Many individuals and families from Lake County are residing in campgrounds located in Mendocino County. As a result of the fires, Mendocino County is experiencing even less available housing with the influx of many Lake County residents relocating to Mendocino County. In response to this situation, Mendocino County CoC and partnering agencies are discussing and evaluating other options for creating and obtaining additional housing for Mendocino County. With the current availability of housing in Mendocino County, it will be difficult to achieve the goal by 2017. We will reach out for technical assistance in identifying other resources to achieve this goal.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="checked" type="checkbox"/>
Number of previous homeless episodes:	<input checked="checked" type="checkbox"/>
Unsheltered homelessness:	<input checked="checked" type="checkbox"/>
Criminal History:	<input checked="checked" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="checked" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)**

Mendocino County does not currently have any rapid rehousing projects. In addition, housing stock in Mendocino County has been very limited. This situation has been exasperated since the wild land fires in Lake County, our connected and neighboring county. The fires which destroyed thousands of residences, have also displaced thousands of individuals and families; some of which have relocated to Mendocino County diminishing available housing stock.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	0	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
Permanent Supportive Housing Policies	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	126	129	3
Sheltered Count of homeless households with children:	46	40	-6
Unsheltered Count of homeless households with children:	80	89	9

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total number of households with children in the sheltered and unsheltered count this year was 129, last year it was 126 which is an over all increase of 3. The numbers in sheltered count decreased by 6. During 2014, one of the main providers of emergency shelter and transitional housing in our county reorganized and we lost several beds in both emergency shelter and transitional housing which would explain the increase by 9 in unsheltered count of homeless households with children.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>

Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="checked" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="checked" type="checkbox"/>
Length of time homeless:	<input type="checkbox"/>
Unsheltered homelessness:	<input checked="checked" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	17	9	-8

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)**

TAY and THP are non coc funded transitional housing programs for youth with Severe Mental Illness. These programs are not required to record data into HMIS. This may account for the decrease total number of youth served in HMIS contributing programs. In addition, In 2014 Mendocino County's largest emergency shelter, reorganized considerably reducing the number of beds available to serve the homeless in the county.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$70,714.00	\$116,526.00	\$45,812.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$45,812.00	\$45,812.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$70,714.00	\$70,714.00	\$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	2
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	3
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.
(limit 1000 characters)**

Mendocino County Office of Education's McKinney Vento local education liaison is an active member of the CoC. The liaison attends LEA and SEA meetings and reports updates to the CoC. The liaison also participates in various CoC committees to address youth and family homelessness and protect students from discrimination based on homelessness. brings issues and concerns to the CoC in addition to participating in planning and addressing issues related to youth homelessness.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Homeless resource centers provided referrals and information to individuals and families seeking homeless services to ensure that eligible participants are provided access to meet their educational needs.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	55	39	-16
Sheltered count of homeless veterans:	15	10	-5
Unsheltered count of homeless veterans:	40	29	-11

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Due to local ordinances which have made it illegal to camp in Mendocino County, along with the restructuring of our inland homeless shelter in which the CoC lost several emergency shelter beds, the count reflected a decrease of 16 homeless veterans counted in the 2015 PIT Count.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

Through VA Health Care for Homeless Veterans, outreach staff and HUD-VASH Staff in local agencies are trained on how to make referral to VA housing resources and VA funded non-profits serving veterans. Additionally, staff from the local agency administering the SSVF grant attend the CoC meetings. Also a VA social worker sits on the board of the CoC and ensures local service providers are aware of VA initiatives, outreach events, and programs.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Permanent Supportive Housing Policies will be adopting a veterans preference.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	102	39	-61.76%
Unsheltered count of homeless veterans:	85	29	-65.88%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

HUD-VASH where eligible, as well as newly adopted PSH policies that will be incorporating a veterans preference. In addition we are currently receiving HUD TA for Vets@Home.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	7
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	0
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	0%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Mendocino Community Health Clinic- Little Lake and Hillside
 Ukiah Valley Medical Center
 Tribal Consolidated Health
 Coast Clinics
 Coast Community Hospital
 Frank Howard Memorial Hospital
 Beachtel Creek Clinic
 Ukiah Valley Rural Health
 Long Valley Health Clinic
 Round Valley Indian Health Center
 Point Arena Community Health Center

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="checked" type="checkbox"/>
In-Person Trainings:	<input checked="checked" type="checkbox"/>
Transportation to medical appointments:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	5
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	5
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	4
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	4
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
developing satellite triage for coordinated entry in extremely rural communities	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	0	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)**

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

NA

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?

Yes

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Mendocino County is an immediate neighboring county to Lake County where the Valley Fire and Rocky Fire happened. Reduced housing availability in Lake County has impacted the housing available in Mendocino County, as thousands of residences were destroyed. These incidents will impact service requests in this county, as services in Lake County are extremely limited and over extended due to the high demand created by these two disastrous fires. One example would be that the HUD/VASH program frequently has veterans who "port" to Lake County and the Mendocino County VA health Clinic Social Workers handle the case management services for those veterans in that county. These Counties frequently act as one, and Mendocino County opened two emergency evacuation shelters to assist with the urgent need during the fires, with one remaining open today. Housing costs are anticipated to increase due to low supply and high demand.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS	11/17/2014	5
Coordinated Entry	09/23/2015	5
Vets At Home	11/16/2015	5

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Evidence of the C...	11/17/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	Rating and Review...	11/17/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting Ev...	11/17/2015
05. CoCs Process for Reallocating	Yes	Process for Reall...	11/17/2015
06. CoC's Governance Charter	Yes	CoC Governance Ch...	11/17/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	11/18/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	11/17/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Evidence of the CoC's Communication to Reject Projects

Attachment Details

Document Description:

Attachment Details

Document Description: Rating and Review Procedure

Attachment Details

Document Description: Public Posting Evidence

Attachment Details

Document Description: Process for Reallocating

Attachment Details

Document Description: CoC Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedure Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HMIS Policy and Procedure Pg 28

Attachment Details

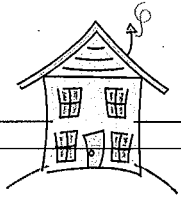
Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/16/2015
1B. CoC Engagement	11/19/2015
1C. Coordination	11/16/2015
1D. CoC Discharge Planning	11/18/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/18/2015
1G. Addressing Project Capacity	11/18/2015
2A. HMIS Implementation	11/16/2015
2B. HMIS Funding Sources	11/19/2015
2C. HMIS Beds	11/18/2015
2D. HMIS Data Quality	11/19/2015
2E. Sheltered PIT	11/16/2015
2F. Sheltered Data - Methods	11/19/2015
2G. Sheltered Data - Quality	11/17/2015
2H. Unsheltered PIT	11/19/2015
2I. Unsheltered Data - Methods	11/16/2015
2J. Unsheltered Data - Quality	11/16/2015
3A. System Performance	11/19/2015
3B. Objective 1	11/16/2015
3B. Objective 2	11/19/2015
3B. Objective 3	11/16/2015
4A. Benefits	11/18/2015
4B. Additional Policies	11/16/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required



Mendocino County Homeless Services Continuum of Care

November 3, 2015

RE: Verification of the CoC's Communication to Rejected Projects

Mendocino County Homeless Services Continuum of Care held multiple discussions regarding reallocation of funding. The CoC staff assessed and reviewed all aspects of the SSO STEP Project and determined to better meet the needs of the community, address the priorities of the CoC, and align with HUD's Policy Priorities this project would be reallocated to create two new projects. The new projects would directly contribute toward CoC progress in meeting HUD's Policy Priorities. One project is a SSO for Coordinated Entry, and the other project is an HMIS Dedicated project.

Mendocino County HHSA is the CoC lead agency, the Chair of the CoC Governing Board, and the HMIS lead. Funding discussions were made based on the above mentioned criteria. Mendocino County Health and Human Services Agency, as part of the discussions was in complete agreement with this decision to reallocate the funds.

Based on this information, Mendocino County HHSA did not submit a renewal application for the SSO STEP Project, instead the applicant submitted two new applications which were accepted for funding and ranked by the Application Review Committee.

Thank you,

Sandi Canaday
Chairperson

Mendocino County Homeless Services Continuum of Care

*A Mendocino County partnership dedicated to creating an effective
continuum of outreach, housing, and support services for the homeless.*



2015 HUD CoC Program Process for Project Review, Ranking, Selection and Reallocation

On September 18, 2015, the U.S. Department of Housing and Urban Development released the Notice of Funding Availability (NOFA) for the Fiscal Year 2015 Continuum of Care Program Competition. This year's CoC Program Competition requires more intensive strategic resource allocation than has been necessary in past competitions. Specifically, this year HUD requires that 15% of the CoC's Annual Renewal Demand (ARD) be ranked in Tier 2 (compared to 2-5% in past competitions). Additionally, HUD is offering CoCs the opportunity to apply for expansion funding for certain project types that would require reallocation from renewal projects and/or increases to the amount of funding ranked in Tier 2.

Mendocino County Annual Renewals Demand (ARD):	\$2,140,714.
Tier 1: 85% of ARD	\$1,819,604
Tier 2: 15% of ARD	\$321,107

The Mendocino County Continuum of Care (CoC) is eligible to apply for funding to support housing and services for homeless households. That funding breaks down as follows:

Renewal Project Funding:

This funding supports the CoC's existing housing and services. The CoC can continue to support those programs, or could chose to redirect those resources to new projects.	\$2,140,714
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Expansion Funding:

This funding can go toward new permanent supportive housing projects that serve only chronically homeless households, new rapid re-housing programs that serve individuals or families with children.	\$321,107*
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*In the 2015 competition, the CoC has the option to reallocate funds from CoC renewal projects (whose budgets would be reduced or eliminated) to fund new projects. New funding opportunities created through reallocation will only be available for new permanent supportive housing projects created through reallocation where all beds will be dedicated for use by the chronically homeless as defined in 24 CFR 578.3; and/or new rapid re-housing created for individuals or households with children who are experiencing homelessness and originally came from the streets or emergency shelter; and/or new HMIS projects; and/or new Supportive Services Only projects for Centralized or Coordinated Assessment Systems.

Applicant Resources:

FY 2015 CoC Program Competition Funding Availability information and resources can be located at:
<https://www.hudexchange.info/e-snaps/fy-2015-coc-program-nofa-coc-program-competition/#forms>

I. Rating and Ranking Overview

The maximum number of points both new and renewal permanent housing projects is 31 points. For all renewal transitional housing projects the maximum number of points available is 24. For all non housing projects including HMIS and SSO for Coordinated Entry, the maximum number of points awarded is 27.

A preliminary, quantitative review of each application submitted will be completed by the CoC. This review will:

- Confirm that application was submitted on time
- Confirm that all required attachments were submitted
- Calculate performance scores
- Assign an HMIS data quality score
- Confirm matching and/or leveraging fund requirements are met

Total scores for each project are determined by adding up points in each section and then adding any bonus points if applicable. All projects are judged together, both new and renewals. The scores from each Rating and Ranking committee member is computed and averaged for each project. HMIS applications will receive full credit for each section that is not applicable to its project type. A project ranking list is then generated from highest to lowest average score. Projects will be approved for submission to HUD based on the project funding requests that fall within the final pro rata share for the CoC, split between Tiers 1 and 2, according to Section II.B.10 of the 2015 HUD NOFA. Projects scoring highest will be ranked and placed into Tier 1 until all Tier 1 funds are allocated. The remaining projects selected for funding will be ranked and placed into Tier 2 until all Tier 2 funds are allocated. Projects that scored well but fell outside the pro rata share may be encouraged to re-submit in a future competition.

Renewal projects that were recommended for funding but did not meet two or more performance measurements may be placed on probation for a one year term due to performance concerns. The CoC will work with these projects over the next year to develop a plan to improve program performance and monitor the progress with these efforts. If these efforts are not successful, projects may not be able to submit the following year.

There also may be new projects that fail to score well enough that are held out of the competition. These projects may request that the CoC provide them with technical assistance to assist them in improving their application for future competitions. This process ensures that organizations that may lack the current capacity to receive a federal grant, can build their capacity for a future year.

II. Project Scoring

New Project Scoring: Applicants will be scored on project design, how the project addresses local priority need areas; how the project aligns with Mendocino County CoC's local strategies to end homelessness; budget appropriateness and accuracy; project match; leveraging; CoC participation; community collaboration; housing to services funding request ratio, organizational capacity and implementation timeline. Other factors in the rating of New Projects will include community involvement, and information learned through the discussion period during the rating/ranking session. New Projects will be ranked in conjunction with Renewal Projects to ensure that the best applications are forwarded to the federal competition.

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D. Appeals Process

If an applicant organization feels it has been unfairly eliminated from either the local or the federal competition, that a decision made by the Application Review Committee regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the 2015 Continuum of Care Guidelines, the applying lead agency and sponsor if any may file an appeal by contacting the collaborative applicant for further instructions.

III. Assurances

By submitting the application, the project applicant assures the following:

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- Applicant agrees to fully participate in the Coordinated Entry and Assessment Strategy for Mendocino County Homeless Services CoC.
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 - Delays in the start-up of a new project
 - Program is having difficulty in meeting projected numbers served or performance outcomes.
- Project Applicant agrees to execute the following document and submit as a part of their application to the Application and Review Committee:
 - A signed contract between the sub-recipient and the recipient for CoC funds

IV. Timeline

This list highlights the steps your agency will take to participate in the local NOFA competition. Please take special note of these dates.

October 13, 2015:

Submit Complete Application for Rating & Ranking

Submit 1 electronic copy: Prepare a PDF version of the Project Application and email to canadays@co.mendocino.ca.us

Additional documentation which may be required:

- o Project leverage letters
- o Project related MOU's (if applicable)
- o HUD monitoring letter and/or related correspondence with HUD (if applicable)
- o Executed Hold Harmless Agreement

Submit these materials in printed form to the following address:

Mendocino County HHSA

Adult and Aging Services

Attn: Sandi Canaday, Continuum of Care

P.O. Box 839, Ukiah, CA 95482

BOTH THE ELECTRONIC AND HARD COPIES NEED TO BE DELIVERED BY 5:00 P.M. PST ON October 13, 2015. LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

October 13-16, 2015:

Rating & Ranking

The Application Review Committee will meet no later than October 16, 2015. At that time all project applications will be reviewed

October 16, 2015:

Notification of Funding Recommendations

On October 16, 2015, you will be notified of the results of the Rating and Ranking process. At this time, you should begin finalizing your application for submission to HUD.

November 10 , 2015:

Final Application Deadline

Between October 16 and November 10, applicants should finalize their applications, incorporating recommendations from the Application Review Committee. Project applications must be uploaded by midnight on November 10. **Between October 16 and November 10, please be sure that someone familiar with your project is available to answer last minute application questions or make corrections.**

November 19, 2015:

Entire Consolidated Application Submitted to HUD (by CoC) by 4:59:59 p.m.

Any project applicant that submits a project that was rejected by the CoC in the local competition will be notified in writing by the CoC, outside of *e-snaps*, with an explanation for the decision to reject the project(s). Project applicants whose project was rejected may appeal the local CoC competition decision to HUD if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner by submitting a Solo Application in *e-snaps* directly to HUD prior to the application deadline of **7:59:59 p.m. eastern time on November 20, 2015**. The CoC's notification of rejection of the project in the local competition must be attached to the Solo Application.

V. Reallocation Process:

Each renewal project will be assessed by CoC staff to determine if reallocation should be considered, and to determine a reallocation amount for consideration by the Governing Board. CoC staff will assess each renewal project using the following questions:

1. Has the project had significant recaptures in the past two completed grant cycles? If so, what amounts have been recaptured?
2. Would the project have the capacity to continue operations (at the same or a reduced level) with a decreased CoC award?
3. Do CoC survey results related to funding priorities and CoC service needs indicate that this project type should be considered for reallocation?
4. What are the projects contributions toward CoC progress in meeting HUD's Policy Priorities (taken from Renewal Application)?

Completed Reallocation Assessments will be provided to the Application Review Committee to inform decision making process related to reallocation.

Appendix A: Rating and Ranking Score Sheet

Application Name

Project Name

Mendocino County Homeless Services CoC Funding Application Rating & Ranking

			Available	Received
C.		Project Type. Up to 10 points will be based on the type of project application submitted and the population that will be served with the following points available for the following project types:		
	(1)	10 points for renewal and new permanent housing (permanent supportive housing and rapid re-housing), renewal Safe Haven, Homeless Management Information System, Supportive Services Only (SSO) for Centralized or Coordinated Assessment System, or transitional housing that exclusively serve homeless youth projects;	10	
	(2)	3 points for renewal transitional housing, except those transitional housing projects that exclusively serve homeless youth which will be scored as discussed in paragraph (1); and	3	
	(3)	1 point for renewal SSO project applications	1	
			14	
		Commitment to Policy Priorities	Total Available	Total Received
d.		Commitment to Policy Priorities. Up to 10 points for how the permanent housing project application commits to applying the Housing First model. Transitional housing projects and SSO projects that are not for centralized or coordinated assessment can receive up to 10 points for how the project demonstrates that it is low-barrier, prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions to entry (such as sobriety or a minimum income threshold). HMIS projects and SSO projects for a centralized or coordinated assessment system will automatically receive 10 points.	10	
			10	
		New Permanent Housing–Permanent Supportive Housing and Rapid Re-Housing Applications	Total	Total

			Available	Received
(1)		To be considered as meeting project quality threshold, new permanent housing–permanent supportive housing and rapid re-housing–project applications must receive at least 3 out of the 5 points available for the criteria below. New permanent housing project applications that do not receive at least 3 points will be rejected.	3 min / 5 max	
	(a)	Whether the type, scale, and location of the housing fit the needs of the program participants (1 point);	1	
	(b)	Whether the type and scale of the supportive services fit the needs of the program participants–this includes all supportive services, regardless of funding source (1 point)	1	
	(c)	Whether the specific plan for ensuring program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (1 point)	1	
	(d)	Whether program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (1 point)	1	
	(e)	Whether at least 75 percent of the proposed program participants come from the street or other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence (1 point) .	1	
			5	
		New SSO Projects for Centralized or Coordinated Assessment Systems	Total Available	Total Received
(2)		To be considered as meeting project quality threshold, new SSO projects for centralized or coordinated assessment systems must receive at least 2 out of the 4 points available for the criteria below. SSO projects for centralized or coordinated assessment systems that do not receive at least 2 points will be rejected.		
	(a)	Whether the centralized or coordinated assessment system is easily accessible for all persons within the CoC’s geographic area who are seeking information regarding homelessness assistance (1 point)	1	
	(b)	Whether there is a strategy for advertising the program that is designed specifically to reach homeless persons with the highest barriers within the CoC’s geographic area (1 point)	1	
	(c)	Whether there is a standardized assessment process (1 point)	1	
	(d)	Whether the program ensures that program participants are directed to appropriate housing and services that fit their needs (1 point) .	1	
			4	
		New HMIS project Applications	Total Available	Total Received

(3)		To be considered as meeting project quality threshold, new HMIS project applications must receive at least 3 out of the 4 points available for the criteria below. New HMIS projects that do not receive at least 3 points will be rejected.		
	(a)	How the HMIS funds will be expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation (1 point)	1	
	(b)	Whether the HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards (1 point);	1	
	(c)	Whether the HMIS un-duplicates client records (1 point)	1	
	(d)	Whether the HMIS produces all HUD-required reports and provide data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) (1 point)	1	
			4	
		Collaborative Applicant's Application for New CoC Planning Funds	Total Available	Total Received
(4)		To be considered as meeting project quality threshold, the Collaborative Applicant's application for new CoC planning funds must receive at least 6 out of 10 points using the criteria below. Applications that do not receive at least 6 points will be rejected. Applications for UFA Costs are not subject to a threshold review, as UFA status was determined as part of Registration.	6 min / 10 max	
	(a)	Governance and Operations. Whether the CoC conducts meetings of the entire CoC membership that are inclusive and open to members and whether the CoC is able to demonstrate that it has a written governance charter in place that contains CoC policies (2 points).	2	
	(b)	CoC Committees. Whether the CoC has CoC-wide planning committees, subcommittees, or workgroups to the address homeless needs in the CoC's geographic area that recommend and/or set policy priorities for the CoC (2 points).	2	
	(c)	The proposed planning activities that will be carried out by the CoC with grant funds are compliant with the provisions of 24 CFR 578.7 (4 points); and	4	
	(d)	The funds requested will improve the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects (2 points).	2	
			10	
		New Projects Meeting Project Quality Threshold	Total Available	Total Received
(5)		Additionally, HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:	PASS/FAIL (+1 or -1)	

	(a)	Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings;	(+/-)	
	(b)	For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and	(+/-)	
	(c)	Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, or unresolved audit/monitoring finding related to one or more existing grants. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.	(+/-)	
			3	
		Project Renewal Threshold	Total Available	Total Received
f.		<i>Project Renewal Threshold.</i> A CoC must consider the need to continue funding for projects expiring in CY 2016. Renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards identified in this NOFA or they will be rejected from consideration for funding.	PASS/FAIL (+1 or -1)	
(1)		When considering renewal projects for award, HUD will review information in LOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria on a pass/fail basis:		
	(a)	Whether the project applicant's performance met the plans and goals established in the initial application as amended;	(+/-)	
	(b)	Whether the project applicant demonstrated all timeliness standards for grants being renewed, including that standards for the expenditure of grant funds have been met;	(+/-)	
	(c)	The project applicant's performance in assisting program participants to achieve and maintain independent living and record of success, except HMIS-dedicated projects are not required to meet this standard; and	(+/-)	
	(d)	Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.	(+/-)	

			4	
			Total Available	Total Received
(2)		HUD reserves the right to reduce or reject a funding request from the project applicant for the following reasons:	PASS/FAIL (+1 or -1)	
	(a)	Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;	(+/-)	
	(b)	Audit finding(s) for which a response is overdue or unsatisfactory;	(+/-)	
	(c)	History of inadequate financial management accounting practices;	(+/-)	
	(d)	Evidence of untimely expenditures on prior award;	(+/-)	
	(e)	History of other major capacity issues that have significantly affected the operation of the project and its performance;	(+/-)	
	(f)	History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and	(+/-)	
	(g)	History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.	(+/-)	
			7	

NOTES:

Appendix B: Documentation of Leveraged Resource or Cash Match

[This must be on the letterhead of the entity providing the leverage or cash resource]

In the chart below is information regarding the leveraged resource or cash match being provided by this agency. Name of organization providing the leveraged resource or cash match.

Type of contribution*

Value of the contribution

Name of project

Name of sponsor

Date the contribution will be available**

[____], 2016 OR [____], 2017

Name of person authorized to commit these resources.

Title of person authorized to commit these resources.

Date

Appendix C: Examples of Leverage

Advocacy

Assistance to immigration
Benefits advocacy
Housing advocacy
Legal assistance, advocacy, representation, and referrals
Peer advocacy
Tenant rights workshops

Children

After-school children's program
Child development consultation
Child care services
Children's books, loaned television, videos, art supplies as available, training, tickets for special events
Children's art program
Children's circus program
Children's holiday party and shopping spree
K-12 homeless education
Parenting classes
Summer camp
Therapeutic day care
Weekly children's art program

Counseling

Bereavement counseling and pastoral services
Counseling services
Crisis intervention
Landlord/tenancy counseling
Pre-treatment counseling, support groups, counseling, and housing assistance
Recovery groups
Support groups
Therapy

Education, Employment and Training

After school and associated summer school activities
Aftercare services
Basic computer skills classes and individual tutoring for residents and graduates
Benefits and Work Incentive Workshops
Computer literacy training
Employment and training services
Education/courses
Education counseling

ESL

Job development and employment services
Job research
Job placement
Job retention
Leadership training
Life skills training
Literacy
Nutrition education/cooking classes
School supplies for children
Sewing classes
Training tuition
Training videos and games
Transitional housing
Tutoring
Uniform vouchers
Vocational services

Financial Services

Asset/resource management services
Money management
Representative payee services

Health

Acupuncture services
Adult day health care
AIDS-related services
Dental screening services
Dual diagnosis services
Emergency room services
Gynecological services
Health care resources and education
Healthcare services
Medical services
Medical, psychiatric and pharmacy services
Medication support
Mental health services
Peer support
Pregnancy testing
Preventative health care services
Psychiatric disability evaluations
Psychotherapy
Residential and outpatient treatment services
Respite care
Substance abuse services
Triage

Housing

Construction loans cash match
Emergency motel vouchers
Emergency shelter
Financial move in grants, housing search support and monthly housing clinics
Housing
Housing placement
Housing search assistance
Leasehold value of building
Maintenance and repair projects/beautification project
Move-in assistance
Property management
Rental assistance and financial assistance for move-in costs
Rental subsidies

Human Resources

Americorps VISTA Volunteers
Advertising
Applicant interview
Consultation staff
Mental health advocacy staff
New employee orientation
Pre-employment process
Volunteer hours

In-Kind

Cash/grants
Clothing
Equipment
Food
Furnishings
Household items
Welfare benefits

Operations

Administrative support
Clerical services
Consulting and practical support
Facility space
Indirect expenses
Mail service
Office/workshop space
Programming
Voice mail

Supportive Services

Artistic services to residents
Assessment services
CalWORKS eligibility support
Case management

Community development
Family Support Services
Grooming
Independent living services
Mentoring services
Outreach
Recreational trips and activities
Referrals
Restraining order assistance, court accompaniment and consultation
Shelter services
Story telling
Support services supervision
Team leader
Technical assistance
Translation services
Veteran's services assistance
YMCA membership & joining fees

Transportation

Subsidized/free bus passes
Transportation
Vehicle



2015 HUD CoC Program Process for Project Review, Ranking, Selection and Reallocation

On September 18, 2015, the U.S. Department of Housing and Urban Development released the Notice of Funding Availability (NOFA) for the Fiscal Year 2015 Continuum of Care Program Competition. This year's CoC Program Competition requires more intensive strategic resource allocation than has been necessary in past competitions. Specifically, this year HUD requires that 15% of the CoC's Annual Renewal Demand (ARD) be ranked in Tier 2 (compared to 2-5% in past competitions). Additionally, HUD is offering CoCs the opportunity to apply for expansion funding for certain project types that would require reallocation from renewal projects and/or increases to the amount of funding ranked in Tier 2.

Mendocino County Annual Renewals Demand (ARD):	\$2,140,714.
Tier 1: 85% of ARD	\$1,819,604
Tier 2: 15% of ARD	\$321,107

The Mendocino County Continuum of Care (CoC) is eligible to apply for funding to support housing and services for homeless households. That funding breaks down as follows:

Renewal Project Funding:

This funding supports the CoC's existing housing and services. The CoC can continue to support those programs, or could chose to redirect those resources to new projects.	\$2,140,714
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Expansion Funding:

This funding can go toward new permanent supportive housing projects that serve only chronically homeless households, new rapid re-housing programs that serve individuals or families with children.	\$321,107*
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*In the 2015 competition, the CoC has the option to reallocate funds from CoC renewal projects (whose budgets would be reduced or eliminated) to fund new projects. New funding opportunities created through reallocation will only be available for new permanent supportive housing projects created through reallocation where all beds will be dedicated for use by the chronically homeless as defined in 24 CFR 578.3; and/or new rapid re-housing created for individuals or households with children who are experiencing homelessness and originally came from the streets or emergency shelter; and/or new HMIS projects; and/or new Supportive Services Only projects for Centralized or Coordinated Assessment Systems.

Applicant Resources:

FY 2015 CoC Program Competition Funding Availability information and resources can be located at:
<https://www.hudexchange.info/e-snaps/fy-2015-coc-program-nofa-coc-program-competition/#forms>

I. Rating and Ranking Overview

The maximum number of points both new and renewal permanent housing projects is 31 points. For all renewal transitional housing projects the maximum number of points available is 24. For all non housing projects including HMIS and SSO for Coordinated Entry, the maximum number of points awarded is 27.

A preliminary, quantitative review of each application submitted will be completed by the CoC. This review will:

- Confirm that application was submitted on time
- Confirm that all required attachments were submitted
- Calculate performance scores
- Assign an HMIS data quality score
- Confirm matching and/or leveraging fund requirements are met

Total scores for each project are determined by adding up points in each section and then adding any bonus points if applicable. All projects are judged together, both new and renewals. The scores from each Rating and Ranking committee member is computed and averaged for each project. HMIS applications will receive full credit for each section that is not applicable to its project type. A project ranking list is then generated from highest to lowest average score. Projects will be approved for submission to HUD based on the project funding requests that fall within the final pro rata share for the CoC, split between Tiers 1 and 2, according to Section II.B.10 of the 2015 HUD NOFA. Projects scoring highest will be ranked and placed into Tier 1 until all Tier 1 funds are allocated. The remaining projects selected for funding will be ranked and placed into Tier 2 until all Tier 2 funds are allocated. Projects that scored well but fell outside the pro rata share may be encouraged to re-submit in a future competition.

Renewal projects that were recommended for funding but did not meet two or more performance measurements may be placed on probation for a one year term due to performance concerns. The CoC will work with these projects over the next year to develop a plan to improve program performance and monitor the progress with these efforts. If these efforts are not successful, projects may not be able to submit the following year.

There also may be new projects that fail to score well enough that are held out of the competition. These projects may request that the CoC provide them with technical assistance to assist them in improving their application for future competitions. This process ensures that organizations that may lack the current capacity to receive a federal grant, can build their capacity for a future year.

II. Project Scoring

New Project Scoring: Applicants will be scored on project design, how the project addresses local priority need areas; how the project aligns with Mendocino County CoC's local strategies to end homelessness; budget appropriateness and accuracy; project match; leveraging; CoC participation; community collaboration; housing to services funding request ratio, organizational capacity and implementation timeline. Other factors in the rating of New Projects will include community involvement, and information learned through the discussion period during the rating/ranking session. New Projects will be ranked in conjunction with Renewal Projects to ensure that the best applications are forwarded to the federal competition.

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 - A signed contract between the sub-recipient and the recipient for CoC funds

IV. Timeline

This list highlights the steps your agency will take to participate in the local NOFA competition. Please take special note of these dates.

October 13, 2015:

Submit Complete Application for Rating & Ranking

Submit 1 electronic copy: Prepare a PDF version of the Project Application and email to canadays@co.mendocino.ca.us

Additional documentation which may be required:

- o Project leverage letters
- o Project related MOU's (if applicable)
- o HUD monitoring letter and/or related correspondence with HUD (if applicable)
- o Executed Hold Harmless Agreement

Submit these materials in printed form to the following address:

Mendocino County HHSA

Adult and Aging Services

Attn: Sandi Canaday, Continuum of Care

P.O. Box 839, Ukiah, CA 95482

BOTH THE ELECTRONIC AND HARD COPIES NEED TO BE DELIVERED BY 5:00 P.M. PST ON October 13, 2015. LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

October 13-16, 2015:

Rating & Ranking

The Application Review Committee will meet no later than October 16, 2015. At that time all project applications will be reviewed

October 16, 2015:

Notification of Funding Recommendations

On October 16, 2015, you will be notified of the results of the Rating and Ranking process. At this time, you should begin finalizing your application for submission to HUD.

November 10 , 2015:

Final Application Deadline

Between October 16 and November 10, applicants should finalize their applications, incorporating recommendations from the Application Review Committee. Project applications must be uploaded by midnight on November 10. **Between October 16 and November 10, please be sure that someone familiar with your project is available to answer last minute application questions or make corrections.**

November 19, 2015:

Entire Consolidated Application Submitted to HUD (by CoC) by 4:59:59 p.m.

Any project applicant that submits a project that was rejected by the CoC in the local competition will be notified in writing by the CoC, outside of *e-snaps*, with an explanation for the decision to reject the project(s). Project applicants whose project was rejected may appeal the local CoC competition decision to HUD if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner by submitting a Solo Application in *e-snaps* directly to HUD prior to the application deadline of **7:59:59 p.m. eastern time on November 20, 2015**. The CoC's notification of rejection of the project in the local competition must be attached to the Solo Application.

V. Reallocation Process:

Each renewal project will be assessed by CoC staff to determine if reallocation should be considered, and to determine a reallocation amount for consideration by the Governing Board. CoC staff will assess each renewal project using the following questions:

1. Has the project had significant recaptures in the past two completed grant cycles? If so, what amounts have been recaptured?
2. Would the project have the capacity to continue operations (at the same or a reduced level) with a decreased CoC award?
3. Do CoC survey results related to funding priorities and CoC service needs indicate that this project type should be considered for reallocation?
4. What are the projects contributions toward CoC progress in meeting HUD's Policy Priorities (taken from Renewal Application)?

Completed Reallocation Assessments will be provided to the Application Review Committee to inform decision making process related to reallocation.

Appendix A: Rating and Ranking Score Sheet

Application Name

Project Name

Mendocino County Homeless Services CoC Funding Application Rating & Ranking

			Available	Received
C.		Project Type. Up to 10 points will be based on the type of project application submitted and the population that will be served with the following points available for the following project types:		
	(1)	10 points for renewal and new permanent housing (permanent supportive housing and rapid re-housing), renewal Safe Haven, Homeless Management Information System, Supportive Services Only (SSO) for Centralized or Coordinated Assessment System, or transitional housing that exclusively serve homeless youth projects;	10	
	(2)	3 points for renewal transitional housing, except those transitional housing projects that exclusively serve homeless youth which will be scored as discussed in paragraph (1); and	3	
	(3)	1 point for renewal SSO project applications	1	
			14	
		Commitment to Policy Priorities	Total Available	Total Received
d.		Commitment to Policy Priorities. Up to 10 points for how the permanent housing project application commits to applying the Housing First model. Transitional housing projects and SSO projects that are not for centralized or coordinated assessment can receive up to 10 points for how the project demonstrates that it is low-barrier, prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions to entry (such as sobriety or a minimum income threshold). HMIS projects and SSO projects for a centralized or coordinated assessment system will automatically receive 10 points.	10	
			10	
		New Permanent Housing–Permanent Supportive Housing and Rapid Re-Housing Applications	Total	Total

			Available	Received
(1)		To be considered as meeting project quality threshold, new permanent housing–permanent supportive housing and rapid re-housing–project applications must receive at least 3 out of the 5 points available for the criteria below. New permanent housing project applications that do not receive at least 3 points will be rejected.	3 min / 5 max	
	(a)	Whether the type, scale, and location of the housing fit the needs of the program participants (1 point);	1	
	(b)	Whether the type and scale of the supportive services fit the needs of the program participants–this includes all supportive services, regardless of funding source (1 point)	1	
	(c)	Whether the specific plan for ensuring program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (1 point)	1	
	(d)	Whether program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (1 point)	1	
	(e)	Whether at least 75 percent of the proposed program participants come from the street or other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence (1 point) .	1	
			5	
		New SSO Projects for Centralized or Coordinated Assessment Systems	Total Available	Total Received
(2)		To be considered as meeting project quality threshold, new SSO projects for centralized or coordinated assessment systems must receive at least 2 out of the 4 points available for the criteria below. SSO projects for centralized or coordinated assessment systems that do not receive at least 2 points will be rejected.		
	(a)	Whether the centralized or coordinated assessment system is easily accessible for all persons within the CoC’s geographic area who are seeking information regarding homelessness assistance (1 point)	1	
	(b)	Whether there is a strategy for advertising the program that is designed specifically to reach homeless persons with the highest barriers within the CoC’s geographic area (1 point)	1	
	(c)	Whether there is a standardized assessment process (1 point)	1	
	(d)	Whether the program ensures that program participants are directed to appropriate housing and services that fit their needs (1 point) .	1	
			4	
		New HMIS project Applications	Total Available	Total Received

(3)		To be considered as meeting project quality threshold, new HMIS project applications must receive at least 3 out of the 4 points available for the criteria below. New HMIS projects that do not receive at least 3 points will be rejected.		
	(a)	How the HMIS funds will be expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation (1 point)	1	
	(b)	Whether the HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards (1 point);	1	
	(c)	Whether the HMIS un-duplicates client records (1 point)	1	
	(d)	Whether the HMIS produces all HUD-required reports and provide data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) (1 point)	1	
			4	
		Collaborative Applicant's Application for New CoC Planning Funds	Total Available	Total Received
(4)		To be considered as meeting project quality threshold, the Collaborative Applicant's application for new CoC planning funds must receive at least 6 out of 10 points using the criteria below. Applications that do not receive at least 6 points will be rejected. Applications for UFA Costs are not subject to a threshold review, as UFA status was determined as part of Registration.	6 min / 10 max	
	(a)	Governance and Operations. Whether the CoC conducts meetings of the entire CoC membership that are inclusive and open to members and whether the CoC is able to demonstrate that it has a written governance charter in place that contains CoC policies (2 points).	2	
	(b)	CoC Committees. Whether the CoC has CoC-wide planning committees, subcommittees, or workgroups to the address homeless needs in the CoC's geographic area that recommend and/or set policy priorities for the CoC (2 points).	2	
	(c)	The proposed planning activities that will be carried out by the CoC with grant funds are compliant with the provisions of 24 CFR 578.7 (4 points); and	4	
	(d)	The funds requested will improve the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects (2 points).	2	
			10	
		New Projects Meeting Project Quality Threshold	Total Available	Total Received
(5)		Additionally, HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:	PASS/FAIL (+1 or -1)	

	(a)	Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings;	(+/-)	
	(b)	For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and	(+/-)	
	(c)	Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, or unresolved audit/monitoring finding related to one or more existing grants. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.	(+/-)	
			3	
		Project Renewal Threshold	Total Available	Total Received
f.		<i>Project Renewal Threshold.</i> A CoC must consider the need to continue funding for projects expiring in CY 2016. Renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards identified in this NOFA or they will be rejected from consideration for funding.	PASS/FAIL (+1 or -1)	
(1)		When considering renewal projects for award, HUD will review information in LOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria on a pass/fail basis:		
	(a)	Whether the project applicant's performance met the plans and goals established in the initial application as amended;	(+/-)	
	(b)	Whether the project applicant demonstrated all timeliness standards for grants being renewed, including that standards for the expenditure of grant funds have been met;	(+/-)	
	(c)	The project applicant's performance in assisting program participants to achieve and maintain independent living and record of success, except HMIS-dedicated projects are not required to meet this standard; and	(+/-)	
	(d)	Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.	(+/-)	

			4	
			Total Available	Total Received
(2)		HUD reserves the right to reduce or reject a funding request from the project applicant for the following reasons:	PASS/FAIL (+1 or -1)	
	(a)	Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;	(+/-)	
	(b)	Audit finding(s) for which a response is overdue or unsatisfactory;	(+/-)	
	(c)	History of inadequate financial management accounting practices;	(+/-)	
	(d)	Evidence of untimely expenditures on prior award;	(+/-)	
	(e)	History of other major capacity issues that have significantly affected the operation of the project and its performance;	(+/-)	
	(f)	History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and	(+/-)	
	(g)	History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.	(+/-)	
			7	

NOTES:

Appendix B: Documentation of Leveraged Resource or Cash Match

[This must be on the letterhead of the entity providing the leverage or cash resource]

In the chart below is information regarding the leveraged resource or cash match being provided by this agency. Name of organization providing the leveraged resource or cash match.

Type of contribution*

Value of the contribution

Name of project

Name of sponsor

Date the contribution will be available**

[____], 2016 OR [____], 2017

Name of person authorized to commit these resources.

Title of person authorized to commit these resources.

Date

Appendix C: Examples of Leverage

Advocacy

Assistance to immigration
Benefits advocacy
Housing advocacy
Legal assistance, advocacy, representation, and referrals
Peer advocacy
Tenant rights workshops

Children

After-school children's program
Child development consultation
Child care services
Children's books, loaned television, videos, art supplies as available, training, tickets for special events
Children's art program
Children's circus program
Children's holiday party and shopping spree
K-12 homeless education
Parenting classes
Summer camp
Therapeutic day care
Weekly children's art program

Counseling

Bereavement counseling and pastoral services
Counseling services
Crisis intervention
Landlord/tenancy counseling
Pre-treatment counseling, support groups, counseling, and housing assistance
Recovery groups
Support groups
Therapy

Education, Employment and Training

After school and associated summer school activities
Aftercare services
Basic computer skills classes and individual tutoring for residents and graduates
Benefits and Work Incentive Workshops
Computer literacy training
Employment and training services
Education/courses
Education counseling

ESL

Job development and employment services
Job research
Job placement
Job retention
Leadership training
Life skills training
Literacy
Nutrition education/cooking classes
School supplies for children
Sewing classes
Training tuition
Training videos and games
Transitional housing
Tutoring
Uniform vouchers
Vocational services

Financial Services

Asset/resource management services
Money management
Representative payee services

Health

Acupuncture services
Adult day health care
AIDS-related services
Dental screening services
Dual diagnosis services
Emergency room services
Gynecological services
Health care resources and education
Healthcare services
Medical services
Medical, psychiatric and pharmacy services
Medication support
Mental health services
Peer support
Pregnancy testing
Preventative health care services
Psychiatric disability evaluations
Psychotherapy
Residential and outpatient treatment services
Respite care
Substance abuse services
Triage

Housing

Construction loans cash match
Emergency motel vouchers
Emergency shelter
Financial move in grants, housing search support and monthly housing clinics
Housing
Housing placement
Housing search assistance
Leasehold value of building
Maintenance and repair projects/beautification project
Move-in assistance
Property management
Rental assistance and financial assistance for move-in costs
Rental subsidies

Human Resources

Americorps VISTA Volunteers
Advertising
Applicant interview
Consultation staff
Mental health advocacy staff
New employee orientation
Pre-employment process
Volunteer hours

In-Kind

Cash/grants
Clothing
Equipment
Food
Furnishings
Household items
Welfare benefits

Operations

Administrative support
Clerical services
Consulting and practical support
Facility space
Indirect expenses
Mail service
Office/workshop space
Programming
Voice mail

Supportive Services

Artistic services to residents
Assessment services
CalWORKS eligibility support
Case management

Community development
Family Support Services
Grooming
Independent living services
Mentoring services
Outreach
Recreational trips and activities
Referrals
Restraining order assistance, court accompaniment and consultation
Shelter services
Story telling
Support services supervision
Team leader
Technical assistance
Translation services
Veteran's services assistance
YMCA membership & joining fees

Transportation

Subsidized/free bus passes
Transportation
Vehicle

Governance Charter of the Mendocino County Homeless Services Continuum of Care

I. NAME AND JURISDICTION

The Mendocino County Homeless Services Continuum of Care (“MCHSCoC”) evolved from an effort to provide a coordinated community-wide response to homelessness in the geographic area of Mendocino County through a Continuum of Care (“CoC”). The MCHSCoC is the CoC for Mendocino County. The MCHSCoC Governing Board (“Governing Board”) is the oversight board of the MCHSCoC.

II. PURPOSE

The purpose of the MCHSCoC is to provide a coordinated and strategic approach to planning and management of a range of resources to address the needs of families and individuals at risk of homelessness and those who are currently experiencing homelessness in Mendocino County through a CoC. The MCHSCoC brings together a broad spectrum of participants to address all aspects of homelessness and the needs of all the homeless subpopulations. The MCHSCoC works collaboratively to set and achieve goals that are shared by its members.

The Governing Board serves as the Department of Housing and Urban Development (HUD)-designated primary decision making group and oversight board of the CoC funding process for Mendocino County. As the oversight board of the MCHSCoC, the Governing Board:

- A. Ensures that the MCHSCoC , as the CoC for the geographic area of Mendocino County, is meeting all of the responsibilities assigned to it by HUD regulations (see “Responsibilities” below);
- B. Represents the relevant organizations and projects serving subpopulations;
- C. Supports homeless persons in their movement from homelessness to affordable permanent housing and economic stability within a supportive community;
- D. Ensures that the MCHSCoC is inclusive of all needs of Mendocino County’s homeless sub-populations; and
- E. Facilitates responses to issues and concerns that affect the agencies funded by CoC funds that are beyond those addressed in the annual CoC application process.

III. MEMBERSHIP

A. GOVERNING BOARD MEMBERSHIP

Each year, at the annual MCHSCoC General Orientation and Membership Invitation Event, the structure of the MCHSCoC, committees and workgroups, and the Governing Board is outlined. The nomination process for the Governing Board is also explained. Then at the MCHSCoC's Annual Governance Meeting, a slate of potential Governing Board members (developed as described in the "***Governing Board and Officer Nomination and Terms, Section VII***") is presented to and voted on by the full MCHSCoC general membership.

The Governing Board Membership consists of agencies or individuals described in the "MCHSCoC Governing Board Membership" table incorporated in this Charter as Figure One to Addendum A.

1. The executive director, or authorized representative, of an agency which has been voted in as a member of the Governing Board may appoint an individual from their organization to serve as Governing Board member in their stead;.
2. Each Governing Board member may appoint in writing, by telephone, or e-mail, an alternate voting representative if the designated voting representative is unable to attend a meeting. The written proxy will be given to the Secretary prior to the meeting;

Each designated role has one seat on the Board, except as otherwise indicated.

The MCHSCoC does not currently have a member organization who is an Emergency Solutions Grantee (ESG). If a member organization does become an ESG, and that organization is not a Shelter Organization, a seat will be added to the Governing Board for that ESG organization.

Additional Membership Conditions:

1. No organization may have more than one staff person seated on the Governing Board at any time, regardless of which seats they occupy;
2. The Governing Board is established/activated once seven of the seventeen seats are occupied, pursuant to the process established by this Charter. Two of the seven must include the Collaborative Applicant and the Homeless or Formerly Homeless Individual.

B. MCHSCoC GENERAL MEMBERSHIP

The MCHSCoC General Membership is a volunteer and/or appointed membership. The Governing Board, with the assistance of the Membership Committee will issue a public invitation for new members at least annually, through a General Orientation and Membership Event. The Governing Board and MCHSCoC general membership may

solicit specifically for members to represent under-represented subpopulations or groups, including initiating additional actions to ensure representation by homeless and/or formerly homeless persons. Applications for membership shall be reviewed, approved or denied as provided by Section “IV.C.1.g. Membership Committee” of this Charter.

Current Members are incorporated in this Governance Charter in the “MCHSCoC Membership List” at Addendum A, Figure 2. The MCHSCoC general Membership List will be updated at a minimum once a year.

The MCHSCoC is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests. The CoC Interim rule (24 CFR Part 578.5) outlines those organizations and individuals, that are to be included as part of the membership in the MCHSCoC. The General Membership consists of three membership categories:

1. **Agency/Organization Membership:** A member agency/organization is a public or private agency or organization that can or does address short and longer-term housing needs, health needs, legal needs, case management, education, or other support services related to the homeless in Mendocino County. Agency/organization membership requires completion of the General Membership Form as prepared and updated by the Governing Board with the assistance of the Membership Committee. This form is incorporated to this Charter as Addendum C.
2. **Individual Membership:** An individual member is a concerned community member who is homeless, or formerly homeless, or has otherwise demonstrated a personal interest in the needs of the homeless in Mendocino County. Individual membership requires completion of the General Membership Form.
3. **Advisory Membership:** An advisory membership is for those stakeholder individuals and agencies that are interested in participating in the MCHSCoC, but are unable to fulfill membership duties. Advisory membership requires completion of the General Membership Form. Advisory members do not have the power to vote at any meetings.

C. CODE OF CONDUCT

1. Scope

This section applies to all Members of the MCHSCoC, its Board Members, officers and all persons acting on behalf of the MCHSCoC, herein the Code of Conduct referred to as "Members".

2. General Statement of Expectation

Each Member is expected to adhere to a high standard of ethical conduct and to act in accordance with the MCHSCoC's Mission. Unethical actions, or the appearance of unethical actions, are not acceptable. Members are to be guided by the following principles in carrying out their responsibilities. Note, however, that this Code summarizes such principles and nothing in this Code should be considered as limiting duties, obligations or legal requirements with which Members must comply.

- a. **Loyalty:** Members should not be, or appear to be, subject to influences, interests or relationships that conflict with the mission and purpose of the MCHSCoC.
- b. **Care:** Members shall apply themselves with seriousness and diligence to participating in the affairs of the Board and its committees and shall act prudently in exercising management oversight of the MCHSCoC. Members are expected to understand the MCHSCoC's principal policies and core values.
- c. **Inquiry:** Members shall take such steps as are necessary to be sufficiently informed to make decisions on behalf of the MCHSCoC and to participate in an informed manner in the MCHSCoC 's activities. Members are expected to attend all meetings of the MCHSCoC, except if unusual circumstances make attendance impractical.
- d. **Compliance with Laws, Rules and Regulations:** Members shall comply with all laws, rules and regulations applicable to the MCHSCoC.
- e. **Observance of Ethical Standards:** Members must adhere to the highest of ethical standards in the conduct of their duties. These include honesty, fairness and integrity.

3. Integrity of Records

Members should promote the accurate and reliable preparation and maintenance of the MCHSCoC's records. Diligence in accurately preparing and maintaining MCHSCoC's records allows the MCHSCoC to fulfill its reporting obligations and to provide governmental authorities and the general public with full, fair, accurate, timely, understandable, open and transparent disclosure.

4. Conflicts of Interest

Members must act in accordance with the conflicts of interest requirements at 24 CFR §578.95(b), namely that no member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents. Members shall review and sign the MCHSCoC's conflict of interest policy before or at the time of taking their seat.

5. Affirmation

All Members shall read this Code at least annually, and shall certify in writing that they have done so and understand the Code.

6. Recusal Process

Definition: "Recusal" means the process by which a person disqualifies himself or herself from a matter because of prejudice or a conflict of interest.

Members, officers or anyone acting on behalf of the MCHSCoC (including committee members) must recuse themselves from participating in or influencing discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents, and must recuse themselves in matters as otherwise applicable under 24 CFR §578.95.

7. Enforcement

Members will discuss with the Chair of the Board or the Co-Chair of the Board, any questions or issues that may arise concerning compliance with this Code of Conduct. Breaches of this Code, whether intentional or unintentional, shall be reviewed by the Governing Board (excluding any Members whose breaches are under review). Serious breaches of this Code may be cause for dismissal of the Member. Decisions to dismiss shall be made by majority vote of the MCHSCoC Governing Board at a properly convened meeting of the Board; the meeting shall be by closed session if requested by the Member being reviewed. The Member shall have a right to present a defense at such meeting prior to a final decision.

IV. RESPONSIBILITIES

A. GOVERNING BOARD MEMBERS

As the designated board of the MCHSCoC, the Governing Board, with the assistance of the MCHSCoC committees, works with the MCHSCoC Collaborative Applicant and HMIS Lead to fulfill three major duties:

1. Operate the MCHSCoC, which must:

- a)** Hold meetings of the full MCHSCoC General membership, with published agendas, at least quarterly;
- b)** Issue a public invitation for new member agencies or individuals within Mendocino County, at least annually with the assistance of the Membership Committee;
- c)** Follow the written process to select board members. Lead the MCHSCoC in reviewing and updating the board selection process for approval of the MCHSCoC General membership at least once every 5 years;
- d)** Establish additional committees, subcommittees, or workgroups;
- e)** Each Governing Board member shall serve one year on a Standing Committee or Work Group as appointed by the Chair of the Governing Board;
- f)** In consultation with the Collaborative applicant and the HMIS Lead, and with the assistance of the Strategic Planning Committee, further develop, follow, and update annually a governance charter, which includes all procedures and policies necessary to comply with CoC program requirements, as prescribed by

HUD; and maintain a code of conduct and a recusal process for the Governing Board, its chair(s), and any person acting on behalf of the Governing Board;

- g)** With the assistance of the Performance Measurement Committee, consult with recipients and sub-recipients of CoC funding to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
- h)** With the assistance of the Performance Measurement Committee, evaluate outcomes of projects funded under the Emergency Solutions Grants (“ESG”) program and the CoC program, and report to HUD;
- i)** In consultation with recipients of ESG program funds within Mendocino County, and with the assistance of the Strategic Planning Committee, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. Develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers; this system will comply with any requirements established by HUD by notice;
- j)** In consultation with ESG recipients within Mendocino County, and with the assistance of the Strategic Planning Committee, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards, must include:

 - i. Policies and procedures for evaluating individuals’ and families’ eligibility for assistance under the CoC program (24 CFR Part 578);
 - ii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - iii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
 - iv. Policies and procedures for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
 - v. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
 - vi. If the MCHSCoC is designated a high-performing community, policies and procedures set forth in 24 CFR 576.400(e)((3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix).

- k) With the assistance of the Strategic Planning Committee and consistent with 24 CFR §578.15(b), designate an eligible applicant(s) to submit an application for grant funds in response to a NOFA published by HUD under 24 CFR §578.19. The designation must state whether the Governing Board is designating more than one applicant to apply for funds and, if it is, which applicant is being designated as the collaborative applicant. If only one applicant is designated to apply, that applicant must be designated as the collaborative applicant.

2. With the assistance of the Homeless Management Information Systems Committee, design and operate a Homeless Management Information System (HMIS)(24 CFR §578.7(b)):

- a. Designate a single HMIS for Mendocino County;
- b. Designate an eligible applicant to manage the MCHSCoC's HMIS, which will be known as the HMIS lead;
- c. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS;
- d. Ensure consistent participation of recipients and sub-recipients in the HMIS;
- e. Ensure that the HMIS is administered in compliance with HUD requirements.

3. With the assistance of the Strategic Planning Committee develop a Continuum of Care plan consistent with 24 §CFR 578.7(c), that includes:

- a. Coordinating the implementation of a housing and service system within Mendocino County that meets the needs of the homeless individuals and families. The system must include:
 - i. Outreach, engagement, and assessment;
 - ii. Shelter, housing, and supportive services;
 - iii. Prevention strategies.
- b. Planning and conducting a annual point-in-time count of homeless persons that meets the requirements of 24 CFR §578.7(c)(2);
- c. Conducting an annual gaps analysis of the homeless needs and services available within Mendocino County;
- d. Providing information required to complete the Consolidated Plan within Mendocino County;

- e. Consulting with State and local government Emergency Solutions Grants program recipients within Mendocino County on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and sub-recipients.

B. MCHSCoC Members:

The MCHSCoC membership has the following responsibilities:

1. Adopt and follow a written process to select a board (the Governing Board) consistent with 24 CFR §§578.5(b), 578.7(a)(3) and this Charter, and review, update and approve the process for selection of the board at least once every 5 years;
2. Actively serve on or attend one committee or work group per year;
3. Comply with the conflict-of-interest requirements at 24 CFR §578.95;
4. Collaborate with other members to work toward the MCHSCoC mission, goals, and objectives;
5. Abide by the MCHSCoC Governance Charter;
6. Attend MCHSCoC meetings. Active members missing three consecutive meetings could be moved to Advisory Membership status;
7. Participate in Point-in-Time Studies, outreach endeavors, training sessions or actual counts.

C. COMMITTEES AND WORK GROUPS

Policy Statement: The MCHSCoC is committed to ensuring that each committee is comprised of members that are representative, and can and do represent, the diverse and vast geographic area of the MCHSCoC. The MCHSCoC is also committed to ensuring that the committees are representative of the racial and national origin diversity of the MCHSCoC service area.

1. Standing committees are comprised of MCHSCoC General Members. Each member serves a minimum of 1 year to a maximum of a 3 years staggered term.

Each committee elects the Chair and Co-Chair of their respective committee as well as selecting a member who will report back to the full MCHSCoC General Membership at the regularly scheduled MCHSCoC meeting.

One Governing Board member, assigned by the Chair of the Governing Board, must serve as a member of each Standing Committee or Work Group.

The following are the Standing Committees:

a. Strategic Planning Committee:

The Strategic Planning Committee assists the Governing Board in the development and annual update of the Governance Charter, the development of the written standards for providing Continuum of Care assistance, and in making any recommendations for revisions to such standards. The committee also assists in the development of the Continuum of Care plan, and makes recommendations to the Board regarding implementation of and revisions to such plan. The committee assists the Governing Board in establishing either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The committee also assists the Governing Board in developing a specific policy consistent with the requirements established by HUD to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

The Strategic Planning Committee shall be comprised of five to seven MCHSCoC members in good standing. Two of the seats shall be filled by recipients/subrecipients of CoC funding.

b. Homeless Management Information Services (HMIS) Committee:

The HMIS committee is responsible for planning, coordinating, and evaluating the implementation of HMIS for the MCHSCoC. The committee is also responsible for data collection and processing (e.g. APR preparation), as well as for making recommendations to improve the local processes.

This committee is also responsible for reviewing, revising, and recommending to the Governing Board a privacy plan, a security plan, and the Data Quality Plan for the HMIS, and for ensuring consistent participation, including submission of data and data entry, by the recipients and sub-recipients in the HMIS.

The HMIS committee shall be comprised of five MCHSCoC members in good standing who utilize the HMIS system.

c. Performance Measurement Committee:

The Performance Measurement Committee is responsible for recommending to the Governing Board performance targets for population and program type, assisting the Governing Board in monitoring recipient and sub-recipient performance and evaluating outcomes, allowing the Governing Board to take action against poor performers, and to report outcomes to HUD. The Committee shall also evaluate the outcome of any project(s) funded under the Emergency Solutions Grants program, allowing the Governing Board to report those outcomes to HUD.

The Performance Measurement Committee shall be comprised of five to seven MCHSCoC members in good standing of whom two or three should be recipients or sub-recipients of CoC funding.

d. Discharge Planning Committee:

The Discharge Planning Committee is responsible for ensuring that current and appropriate agreements are in place with local institutions that may release individuals into a situation of homelessness, and to work toward the outcome of successful release into a housed situation as opposed to homelessness.

This committee makes recommendations to the Governing Board regarding discharge planning.

The Discharge Planning Committee shall be comprised of five to seven MCHSCoC members in good standing who are discharging individuals or who are receiving referrals for individuals that may be released into a situation of homelessness.

e. Survey/Point-In-Time Count Committee:

The Survey/Point-in-Time Count committee is responsible for establishing the survey methods and tools for the annual homeless count in Mendocino County. In addition, this committee coordinates the annual homeless count ensuring that proper procedure is followed. The chair of this committee is also known as the “Census Coordinator” who will appoint, from this committee, a “Team Captain” for each geographical location of the County. Other team captains may be appointed, as needed, from the MCHSCoC general membership.

This committee is responsible for the collection and consolidation of data, preparing point-in-time reports for completion of the Continuum of Care Plan and Consolidated Plan(s) and assists in the completion of a final report to the Collaborative Applicant for electronic submission to HUD.

The Survey/Point-in-Time Committee shall be comprised of five to seven MCHSCoC members in good standing.

f. Application Review Committee:

The Application Committee is responsible for providing technical support to the Collaborative Applicant to assist in the completion of the application for grant funds in response to a Notice of Funding Availability (NOFA). The committee also provides guidance in preparing the application and updates to assist the CoC in the application and grant process as outlined at 24 CFR §§578.9 and 578.15, *et seq.*

The Application Review Committee shall be comprised of five to seven MCHSCoC members in good standing.

g. Membership Committee:

The Membership Committee is responsible for accepting membership applications (as described in Section III.B.), reviewing for membership eligibility, and approving general MCHSCoC membership applications. The committee shall also issue a public invitation for new members, at least annually. Any recommendations for denial of general MCHSCoC membership must go before the Governing Board for final decision.

Along with the Governing Board Secretary, this committee is responsible for maintaining contact information for all MCHSCoC General Members and committee change forms for all committees.

The MCHSCoC is committed to ensuring that the MCHSCoC membership is representative of the racial and national origin diversity of Mendocino County's homeless. To that end, this committee shall engage in such outreach to any underrepresented communities.

The Membership Committee shall be comprised of three to five MCHSCoC members in good standing from the general membership.

h. Shelter and Solutions Committee:

The Shelter and Solutions Committee is responsible to address issues related to the current system of emergency shelter services and solutions for the geographic area of Mendocino County, including gaps in services, and any other shelter related issue or emerging problem.

The Shelter and Solutions Committee shall be comprised of five to seven MCHSCoC members in good standing from the general membership.

- 2. Ad-hoc Committees and Work groups:** Ad-hoc committees and workgroups shall be appointed by the Chair or Co-Chair and approved by vote of the Governing Board.

V. MEETINGS

A. VOTING MEMBERS & VOTING

For the purpose of this Governance Charter, "voting" means voting in the Governing Board, MCHSCoC general membership and committee meetings.

Names of individual voting members, agency/organization voting members, agency/organization voting alternates, and voting Governing Board members shall be on file with the Secretary and Membership Committee. The Secretary must receive changes in writing.

1. Governing Board Members:

Each voting member of the Governing Board shall have one vote in meetings at which they are present.

2. MCHSCoC General Members:

- a. All individual and agency/organization general members, except for Advisory Members as defined at Section III.B.3 of this Charter, shall have the right to one vote in meetings on matters appropriately addressed to and within the responsibilities of the MCHSCoC as stated in this Charter. Each agency/organization member shall designate a voting representative to exercise its one vote maximum;
- b. Each agency member may appoint in writing, telephone, or by e-mail, an alternate voting representative if the designated voting representative is unable to attend a meeting. The written proxy will be given to the Secretary prior to the meeting;

3. Committee Members:

- a. Each voting member serving on a committee shall have one vote in meetings of that committee.
- b. Committees may develop their own procedures that permit absentee, proxy, telephone, or email votes to effectively conduct their work.

B. QUORUM

Fifty-one (51%) percent of any Governing Board, full MCHSCoC general membership, or committee members entitled to vote must be present at the meeting to constitute a quorum. If less than a quorum is present, a meeting may be conducted, but no votes on action items or motions can be taken.

C. MAJORITY CARRIES

A simple majority of votes cast shall carry the motion in the meetings of the Governing Board, full MCHSCoC general membership, and committees, except as otherwise provided in this Governance Charter.

D. OPEN MEETINGS

Governing Board and full MCHSCoC general membership meetings shall be open to the public, except as otherwise provided for in this Governance Charter

E. NOTICE AND AGENDA

Action items will be placed on the agendas of the meetings of the Governing Board, full MCHSCoC general membership and committees. Additional items may be added to the agenda at the beginning of the scheduled meeting, but may not be voted upon.

Agendas for the meetings of the Governing Board and full MCHSCoC general membership will be e-mailed to the Governing Board and to those on the MCHSCoC Membership List, and shall be posted at the scheduled location of the meeting five (5) days prior to the meetings.

F. CONDUCT OF MEETINGS

The Chair shall conduct Governing Board and full MCHSCoC general membership meetings. The meetings shall be ordinarily conducted in an informal manner, but may be conducted by Robert's Rules of Order (revised edition), as deemed appropriate by the Chair. The Secretary or delegate representative shall record the minutes of every meeting.

G. FREQUENCY

Meetings of the Governing Board shall be held monthly, except as otherwise provided in this Governance Charter

Meetings of the MCHSCoC general membership shall be held at least quarterly, except as otherwise provided in this Governance Charter

Meetings of the Standing Committees shall be held at least quarterly, except as otherwise provided in this Governance Charter

H. SPECIAL MEETINGS OF THE MEMBERSHIP

Special meetings, beyond regularly scheduled monthly meetings, may be called by a majority decision of the Governing Board. Special meetings shall cover only matters of business, which have been stated in the call to meeting. Members shall be provided with a minimum of forty-eight hours notice of a special meeting.

I. EXECUTIVE SESSION

Meetings of the Governing Board related to decisions to dismiss based on a Governing Board member's breach of the code of conduct may be closed to the public if requested by the Board Member under review.

VI. GOVERNANCE CHARTER REVIEW AND AMENDMENT

A. AMENDMENT

This Charter may be amended at any combined meeting of the Governing Board and MCHSCoC general membership by a vote of the majority of the Governing Board.

B. NOTICE

Written notice of any proposed amendment to this Charter shall be mailed, (electronically is acceptable), to all MCHSCoC members at least five (5) calendar days prior to the meeting at which such action is proposed.

C. ANNUAL REVIEW

This Governance Charter must be reviewed and updated as needed by the Governing Board at least annually.

VII. GOVERNING BOARD NOMINATION, OFFICERS AND TERMS

A. NOMINATION

Nominations for the Governing Board shall be made by the MCHSCoC General Membership and nominees must be members of the MCHSCoC General Membership. Nominations for Officers of the Governing Board shall be made by the Governing Board and nominees must be members of the Governing Board. Nominations shall be made for each of the following seats of the Governing Board by the MCHSCoC General Membership (Figure 1):

- Collaborative Applicant – **One Seat**
- Homeless or Formerly Homeless Individual – **One Seat**
- Shelter Representatives – Coast (**One Seat**), South County (**One Seat**), North/Inland County (**One Seat**)
- Public Housing Authority – **One Seat**
- Organization addressing the needs of the Homeless/Chronically Homeless – **One Seat**
- Organization addressing the needs of Unaccompanied or TAY Youth – **One Seat**
- Organization addressing the needs of the elderly Population – **One Seat**
- Organization addressing the needs of the Seriously Mentally Ill – **One Seat**
- Organization serving persons with chronic substance abuse–**One Seat**
- Organization addressing the needs of Veterans–**One Seat**
- Organization addressing the needs of persons with HIV/AIDS – **One Seat**
- Organization addressing the needs of Victims of Domestic Violence – **One Seat**
- Organization providing health care to the homeless – **One Seat**
- County of Mendocino Health and Human Services Agency – **One Seat**
- Other Government Agency in Mendocino County that is either the authoring agency of the Consolidated Plan and/or addresses the needs of the homeless–**One Seat**

The Governing Board shall have a Chair, Co-Chair, and Secretary who are members of the Governing Board that shall be nominated and elected by the Governing Board.

Each committee shall have a Chair, Co-Chair, and Reporter who are members of the committee who have volunteered for the Office and are approved by the committee.

The Term of MCHSCoC Governing Board Membership is three (3) years.

B. LIST OF OFFICERS AND DUTIES

Governing Board Chair:

The term of office shall be one year. This officer is responsible for presiding over all meetings of the Governing Board and meetings of the full MCHSCoC General Membership. This officer shall act as spokesperson for the Continuum of Care and have final approval on all publicly reported information regarding the CoC.

Governing Board Co-Chair:

The term of office shall be one year. In the absence of the Chair, this officer is responsible for presiding over meetings of the Governing Board and meetings of the full MCHSCoC General Membership.

This officer shall also be responsible for announcing funding opportunities and corresponding deadlines to the Governing Board and MCHSCoC General Membership. This officer shall be responsible for coordinating review by the Governing Board of APR's and other required reports of the MCHSCoC as the CoC.

Governing Board Secretary:

The term of office shall be one year. This officer is responsible for recording minutes at all Governing Board and MCHSCoC General Membership Meetings as well as scheduling of and notification to members and the general public of said meetings. Along with the Membership Committee, the Secretary is responsible for maintaining contact information for all MCHSCoC General Members. The Secretary is also responsible for maintaining a current list of all voting members, designated voting representatives for agencies/organizations, a record of any alternate voting representatives, and of the Governing Board. This officer is also responsible for creating an annual calendar of all scheduled Governing Board Meetings and Events.

Committee Chairs:

The term of office shall be one year. These officers shall preside over Committee meetings and are responsible for scheduling meetings and creating the Agenda as stated in this Governance Charter. This officer shall be responsible for presenting Committee recommendations to the Governing Board.

Committee Co-Chairs:

The term of office shall be one year. These officers, in the absence of the Chair, are responsible for presiding over Committee Meetings as well as coordinating and communicating scheduling of meetings to Committee Members.

Committee Reporters:

The term of office shall be one year. These officers are responsible for recording minutes at all Committee Meetings and reporting to the Governing Board and MCHSCoC General Membership of Committee Meeting dates and times.

ADDENDUM A, Figure 1
MCHSCoC GOVERNING BOARD MEMBERSHIP

Role	Organization/Agency/Individual	Sector
Collaborative Applicant– <i>One Seat</i>		
Homeless or Formerly Homeless Individual – <i>One Seat</i>		
Shelter Representatives – Coast (<i>One Seat</i>), South (<i>One Seat</i>), North (<i>One Seat</i>)		
Public Housing Authority – <i>One Seat</i>		
Organization addressing the needs of the Chronically Homeless – <i>One Seat</i>		
Organization addressing the needs of Unaccompanied or TAY Youth – <i>One Seat</i>		
Organization serving the needs of the Elderly Population – <i>One Seat</i>		
Organization addressing the needs of the Seriously Mentally Ill – <i>One Seat</i>		
Organization addressing the needs of persons with chronic substance abuse – <i>One Seat</i>		
Organization addressing the needs of Veterans – <i>One Seat</i>		
Organization addressing the needs of persons with HIV/AIDS – <i>One Seat</i>		
Organization addressing the needs of Victims of Domestic Violence – <i>One Seat</i>		
Organization providing Health Care services to the Homeless – <i>One Seat</i>		
County of Mendocino, Health and Human Services Agency - <i>One Seat</i>		
Other Government Agency in Mendocino County that is either the authoring agency of the Consolidated Plan and/or addresses the needs of the homeless - <i>One Seat</i>		
Total Seats: <i>17</i>		

ADDENDUM A, *Figure 2*
MCHSCoC MEMBERSHIP LIST

[illegible]

- I. HMIS Governance Charter/MOU (signed document outlining roles and responsibilities of HMIS and CoC)
- II. HMIS Participating Agency MOU - We need to get an electronic copy of this from HHSA. We each have a copy that was signed by our agency but I would like to include a blank one for future use.
- III. HMIS Policies and Procedures
 - A. HMIS Participating Agency Agreement
 - B. HMIS User Agreement
 - C. HMIS Client Release of Information
 - D. HMIS Privacy Notice
 - E. HMIS Data Sharing Agreement (if interagency data sharing is allowed)
 - F. Data Quality Plan
 - G. Data Privacy Plan
 - H. Data Security Plan
 - I. Monitoring Plan and Checklist

- I. HMIS Policies and Procedures
 - A. HMIS Participating Agency Agreement
 - 1. **Purpose:** Establish minimum standards for agencies to collect and maintain records for every client receiving services to assure the accuracy and completeness of records in Mendocino County CoC HMIS
 - 2. **Agency Responsibilities:**
 - a. Assure the accuracy of information entered into Mendocino County CoC HMIS. Any updates in information, error, or inaccuracy that comes to the attention of the agency will be corrected by such agency.
 - b. Perform routine Data Quality Assurance procedures (see Table 1.1) then review and promptly correct inaccuracies.
 - 3. **Agency Confidentiality Responsibilities:**
 - a. The agency agrees to abide by all present and future federal and state laws.
 - b. The agency Executive Director must accept responsibility for the validity of all records entered into Mendocino County CoC HMIS by his/her agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities as an Agency Site Administrator who will be responsible for verifying the accuracy of information. The agency will provide Mendocino County CoC HMIS Administrator with the name(s), and title(s) of the staff member(s) authorized to supervise data entry personnel.
 - c. Data Tracking of Client Services:
 - i. The agency will implement a written policy for the delivery of services and tracking of clients that will include but not be limited to the process for determining and recording program specific outcomes and exits.
 - ii. The agency will implement a written intake and client record keeping procedure so that files will reflect:

- ✓ The intake interview process.
 - ✓ How program eligibility was determined.
 - ✓ All records of services provided.
- d. All shelter and supportive housing programs will maintain an up-to-date resident/bed list that shall include but not be limited to the name of each person residing in the program.
 - e. Data Entry and Reporting Submission Deadlines:
 - f. Intake data should be entered into Mendocino County CoC HMIS as soon as possible but no later than **72 hours after the intake process**.
 - g. Shelter exits (emergency and transitional housing programs only)
 - ✓ Housing status must be updated in Mendocino County CoC HMIS within 24 hours of program exit.
4. **Data Accuracy Responsibilities:**
- a. The agency will ensure that all clients entered into Mendocino County CoC HMIS will have a unique identification number, either a social security number or system-generated identification number, which matches the *client files* for tracking purposes.
 - b. The agency will ensure that missing/unknown data in Mendocino County CoC HMIS will be **less than 5% per month in required variable fields**. For example, if the data for the variable veteran is 'Don't Know' or 'Refused' for less than 5% of clients during the month, the data is accurate. If 'Don't Know' or 'Refused' is greater than or equal to 5%, the data is inaccurate. The only exception is the variable Destination where 'Unknown' is acceptable.
 - c. The agency will ensure data is compatible with their available programs in Mendocino County CoC. For example, a family cannot be entered at a single men's shelter or a women's shelter.
 - d. Data in HMIS must accurately reflect client data recorded in the agency's client file and known information about the client and services provided to the client. For example, 'Exit Date' in Mendocino County CoC HMIS should be the date the client physically exited the shelter.
5. **Data Quality Assurance Responsibilities:**
- a. The agency will have minimum data quality assurance policies and procedures to assure quality data collection, entry, and reporting.
 - b. Agency Site Administrators will assure the following:

Table 1.1

Agency Site Administrators Task List	
1. Run a Mendocino County CoC HMIS report for each program. Review number of open cases to verify that they equal the number of actual open cases. ✓ Exit cases that should be closed. ✓ Enter cases that should be open.	Monthly
2. Pull 10% of paper files and compare with Mendocino County CoC HMIS data to verify that data is accurate.	Monthly

3. If an overnight shelter, then check Resident/Bed List to verify accuracy against paper shelter list.	Weekly
4. If shelter or transitional housing program, check Resident/Bed List to verify that number of open cases on Mendocino County CoC HMIS report equals the number of individuals and households on Resident/Bed List.	Monthly
5. Issue monthly Data Quality Assurance Report to agency Executive Director on status of quality assurance monitoring check.	Monthly

6. Monitoring Responsibilities and Expectations:

- a. The Mendocino County CoC HMIS Administrator will be responsible to contact and visit each agency to ensure data quality assurance at least once every twenty four (24) months.
- b. The details of this Assurance Plan as well as HUD HMIS standards and thresholds will be checked with client files against Mendocino County CoC HMIS data to ensure agencies are meeting guidelines.
- c. A report of the monitoring will be given to the agency. If corrective action is needed, a timeline will be given along with the report to the agency. Within the decided timeline, the agency will submit a corrective action plan to the Mendocino County CoC HMIS Administrator.

7. See Appendix C for HMIS Participating Agency Agreement Document

- B. HMIS User Agreement - provide brief explanation of the role of this document and include it as **Addendum ??**
- C. HMIS Client Informed Consent and Release of Information Authorization Form - provide brief explanation of the role of this document; include other agencies' that have adapted it for their own and include it as **Addendum ??**
- D. HMIS Privacy Notice
- E. HMIS Data Sharing Agreement (if interagency data sharing is allowed)
- F. Data Quality Plan

1. Why is Data Quality so Important

- Timely, accurate and complete data is central, critical to the success of an HMIS
- Data quality impacts every part of HMIS- for example, reporting is meaningless unless the supporting data is correct and timely
- Data quality can't be delegated to HMIS-everyone from the Data Entry Staff, Case/Intake Workers and Executive Directors in the contributing HMIS organizations to the Chair of the Continuum of Care affect the quality of HMIS data.
- Bad data is worse than no data

2. What is Data Quality

- Refers to the HMIS's ability to describe the homeless people, services provided and program outcomes within the CoC.
- Data quality is quantitative - It can be measured and tracked over time:

- Compared to actual client and shelter records
 - Data can be compared to client's 'paper records'
 - HMIS attendance and PIT counts can be compared to the agency's daily 'head counts'
- Data quality can be evaluated using analytical tools
 - Bed utilization rates to test Entry/Exit accuracy

3. Who is responsible for Data Quality

- The HMIS Lead Agency
 - Day to Day operation of the HMIS
 - User training and certification
 - Development and maintenance of HMIS policy and procedures, including a data quality plan, (subject to CoC approval)
- Contributory HMIS Organizations (homeless and non-homeless service providers)
 - Provide adequate resources for accurate, timely data collection and entry into HMIS
 - Oversight of employees using HMIS
- End Users
 - Collect and enter client information
 - Protect privacy of clients and follow all security requirements

4. Foundations for Data Quality - CoC

- The CoC primary decision-making entity (Homeless Services Planning Group HSPG) is ultimately responsible for selection of the HMIS lead agency, the selection of HMIS software and accountability for and oversight of the HMIS, including adherence to all data and technical standards. The CoC must conduct appropriate oversight of the HMIS to ensure that it is compliant with the HMIS Standards and is meeting local needs.
 - The HMIS lead agency is Mendocino County Health and Human Services Agency, Social Services Branch, Adult and Aging Services Division. There is only one HMIS system in the CoC and the HMIS lead agency is responsible for operating that system. The software system the HMIS uses is ClientTrack, a Data System International web based product. The ClientTrack software system was selected by the CoC decision making entity and installed in 2007. ClientTrack training began December 2007 and agencies began to load HMIS data starting with October 2007 HMIS data in January 2008.
 - The HMIS lead agency is responsible for the day to day operation of the HMIS, user training and certification and development and maintenance of HMIS policy and procedures, including a data quality policy and procedure. The HMIS must be in compliance with all HUD HMIS standards (2004, 2010, HPRP)
5. The HMIS Lead Agency functions and responsibilities are assumed on the behalf of the CoC.
- Manage the HMIS in a manner that meets HUD's minimum standards for data quality, privacy and security.
 - Meet additional local standards for data quality, privacy and confidentiality.
 - Process universal data elements to generate and submit an unduplicated homeless count to the CoC.

6. The HMIS Data Standards are established and approved by HUD and must be adhered to according to 24 CFR 578. Users should utilize the most current HMIS Data Standards Manual and HMIS Data Standards Data Dictionary for specific guidance in regards to this policy.
7. HMIS Participating Agency Data Quality Agreements
 - a. Assure the accuracy of information entered into the system. Any updates in information, error or inaccuracy that comes to the attention of the connecting agency will be corrected by such agency.
 - b. Perform routine Quality Assurance procedures to monitor data quality and promptly correct inaccuracies.
 - c. The connecting agency agrees to abide by all present and future federal and state laws
 - d. The connecting agency Executive Director must accept responsibility for the validity of all records entered by his/her agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities for verifying the accuracy of information.
 - e. The connecting agency implements a written plan for delivery of services and tracking of clients that includes the process for determining and recording outcome/exits.
 - f. All services entered will be consistent with corresponding program.
 - g. The client must be eligible to receive such services from the provider per program specific eligibility criteria.
 - h. The agency implements a written intake and client record keeping procedures and files that include:
 - Intake Interview
 - Record of services provided
 - i. Shelter and supportive housing programs maintain an up-to-date residence list that includes, at least, the name of each person residing in the program.
 - j. Intake data should be entered into the HMIS **within 24 hours of the intake process.**
 - k. Shelters only: Clients who stayed in shelter during the previous 24-hour period must be entered into HMIS daily by 9:00am.
 - l. Complete and accurate data for the month must be entered into the HMIS by the **fourth working day of the month** following the reporting period.
- G. Data Privacy Plan
- H. Data Security Plan
- I. Monitoring Plan and Checklist

The request letter will include a deadline date by which the applicant must notify the CDC of their continued interest, by mail or in person.

Notification of a change in address to the U.S. Post Office or sources other than the CDC is not considered compliance with the requirements to notify the CDC.

An applicant's failure to check on their mail at the address given to CDC, whether the address is that of a family member, friend or PO Box, will not alleviate the applicant's responsibility to update their application.

Applicants will be given ten (10) calendar days, from the date of the letter, to return the notice of continued interest. The CDC does not accept responsibility for mail delays.

If the CDC fails to receive the updated applicant information by the deadline date, the applicant's name will be removed from the Waiting List.

B. LOCAL PREFERENCES

The CDC has elected to employ the following as local preferences:

- Date and time of receipt of a completed application;
- Veterans and Veteran's families (100 points)
- Involuntary Displacement (Federal or State declared Disaster, Government Action, Inaccessibility, Property Disposition) (100 points);
- Residents who live and/or work in the CDC jurisdiction(100 points);
- Current Mendocino County Shelter Plus Care Program participants who have been participating in the Mendocino County Shelter Plus Care program for a minimum of three (3) consecutive years, have been in good standing for a minimum of three (3) consecutive years, and receive prior written recommendation from their current case manager. (600 points) (25 households meeting this preference may be assisted per calendar year)

CDC will take the preference points and adds them (cumulative). As stated in this Administrative Plan, the preferences must be supported by

documentation. Preferences must be valid at the time the applicant claims the preference and at the time of final determination of eligibility.

Description of these preferences and their “definitional elements”: (or sub-categories) follow.

Veteran *[California Health and Safety Code § 34322.2. “Priority shall be given within each preference category to families of veterans and servicemen (sic).”]*

Households containing a veteran or the surviving spouse of a veteran of one of the regular armed forces of the United States are eligible for this preference.

To claim a veteran’s preference, a copy of the DD214 showing Honorable Discharge or equivalent. If a surviving spouse of a veteran the applicant must submit to CDC a marriage certificate as well as a death certificate.

Displacement by Government or Private Action *[California Health and Safety Code §34322.2 (a) Preference categories shall be established to give priority to persons displaced by public or private action”]*

Displaced applicants are applicants who have been involuntarily displaced within 90 days from the date the applicant claims the preference and are not living in standard, permanent replacement housing at the time of eligibility determination. Or, applicants who will be involuntarily displaced within no more than 90 days from the date the applicant claims the preference, and who have not found or are not living in standard, permanent replacement housing at the time of eligibility determination.

In order to receive the displaced preference, applicants who have been displaced must not be living in “standard permanent replacement housing.”

Standard replacement housing is defined as housing that is decent, safe and sanitary, according to Housing Quality Standards and local housing code is adequate for the family size, and the family is occupying pursuant to a written or oral lease or occupancy agreement.

Standard replacement housing *does not* include transient facilities, hotels, motels, or temporary shelters. It *does not* include any individual imprisoned or detained pursuant to State Law or an Act of Congress. Shared housing with family or friends is not considered temporary and is considered standard replacement housing, unless a severe overcrowding situation exists, as documented by the local code compliance agency or the non-related landlord. If the family is not on the lease and is/are not authorized

person(s) living in the unit, this preference will not be given to the applicant family.

Persons who reside as part of a family unit shall not be considered a separate household unless the head of household of the entire family unit has submitted a request to be considered as an applicant family separate from other households with other adult "heads or co-heads."

Families are considered to be involuntarily displaced if they have or will be required to vacate housing as a result of:

1. A family has been involuntarily displaced by government action or whose dwelling has been extensively damaged or destroyed and determined uninhabitable by the local code enforcement agency as a result of fire, flood or natural disaster. Such action was not the result or neglect or intentional act of the applicant or member of the applicant's household.

The applicant will be required to supply CDC with verification from the government entity or local code enforcement agency.

2. Federal, state or local government action related to code enforcement, public improvement or development. The applicant will be required to supply CDC with verification from the government entity or local code enforcement agency.
3. Individual families residing within the jurisdiction of the Housing Authority who have been/are involuntarily displaced as a result of their having been subjected to or victimized by violent acts from a member of their household within the past 90 days from the date the applicant claimed the preference. The Housing Authority will require evidence to be submitted which verifies the family has been displaced as a result of fleeing violence in the home. Evidence of displacement because of domestic violence from the local police department, social services agency, or court of competent jurisdiction, or a clergyman, physician, or public or private facility that provides shelter or counseling to the victims of domestic violence may be determined suitable to claim the displaced preference.
4. Families are also eligible for this preference if the applicant can provide CDC with evidence documenting that the family is currently living in a situation where they are being subjected to or victimized by violence in the home. The following criteria will be used to establish a family's eligibility for this preference:

- Actual or threatened physical violence directed against the applicant or applicant's family by a spouse or other household member who lives in the unit with the family. CDC will require evidence to be submitted verifying the actual or threatened physical violence.
- The actual or threatened violence must have occurred within the past 90 days from the date the applicant claims the preference and must be of a continuing nature.
- The abuser must still reside in the unit from which the victim was displaced.
- If the applicant is determined eligible for a Housing Choice Voucher they must certify the abuser will not reside within the applicant's home.

If the abuser returns to the family household after the preference was applied, CDC will remove the preference and deny assistance. If the abuser returns to the family household while the applicant is receiving assistance CDC may terminate the housing assistance for breach of this certification.

5. Action by a housing owner which is beyond an applicant's ability to control, and which occurs despite the applicant's having met all previous conditions of occupancy (see reasons below). This action must have occurred within the past 90 days from the date the applicant claims the preference, or will occur within 90 days from the date the applicant claims the preference. The applicant must have/must reside in the rental unit they are claiming to be displaced from as a tenant under a written agreement.

If the owner is a relative and there has been no previous written rental agreement and the applicant has been part of the owner's household immediately prior to application, the applicant will not be considered involuntarily displaced.

For the purpose of this definitional element, reasons for an applicant's having to vacate a housing unit include

- Written notice from the landlord/owner has been delivered to the applicant prior to claiming the preference verifying the applicants place of residence will be converted to a non-rental or non-residential use;
- Written notice from the landlord/owner has been delivered to the applicant prior to claiming the preference verifying the applicants place of residence will close.

- Written notice from the landlord/owner has been delivered to the applicant prior to claiming the preference notifying the family they must vacate a unit because the owner wants the unit for the owner's personal or family use or occupancy;
 - Written notice has been delivered to the applicant prior to claiming the preference informing the family of the sale of a housing unit in which an applicant resides under a written agreement that the unit must be vacant when possession is transferred.
 - Written notice has been delivered to the applicant prior to claiming the preference informing the family the place of residence in which they reside as tenants under a written agreement will be, or has been foreclosed upon.
6. To avoid reprisals because the family provided information on criminal activities to a law enforcement agency and, after a threat assessment, the law enforcement agency recommends re-housing the family to avoid or reduce risk of violence against the family.

The family must be part of a Witness Protection Program, or the HUD Office or law enforcement agency must have informed the CDC that the family is part of a similar program.

The CDC will take precautions to ensure that the new location of the family is concealed in cases of witness protection.

7. Displacement by non-suitability of the unit when a member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make changes to the unit. Critical elements are:
- Entry and egress of unit and building;
 - A sleeping area,
 - A full bathroom,
 - A kitchen if the person with a disability must do his or her own food preparation.
8. Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978.

Residency Preference

Families who, at the time of selection from the waiting list, reside within Mendocino County, or include a member who works, or has been hired to work in Mendocino County. Applicants who have been hired to work in Mendocino County must supply CDC with verification of expected employment start date. Employment start date must be within 90 days from the date the applicant claims the preference.

Verification of Residency may include the following;

- Utility Bills in the name of the family;
- Telephone/cable bills;
- Verification from schools where children are enrolled;
- Landlord statements;
- Public social services verification
- Letter of hire from the employer.
- Current paycheck stubs verifying address of employment
- Photo Identification verifies the same address as the applicants mailing address listed on the application.

Mendocino County Shelter Plus Care Program Participants

Current Shelter Plus Care participants who have been participating in the Mendocino County Shelter Plus Care Program for a minimum of three (3) consecutive years. Families have been in good standing for a minimum of three (3) consecutive years. Good Standing may include, but is not limited to the following;

- Complying with the Shelter Plus Care Service Plan
- Remaining clean and sober
- No criminal activities
- No unauthorized adults living in the unit.
- Current with rent payments
- No serious or repeated lease violations

Shelter Plus Care Participants must supply CDC with prior written recommendation from their current Case Manager. The recommendation must include the Case Managers' statement supporting the change to the Housing Choice Voucher subsidy, and documentation verifying the participant has been complying with case management requirements on a regular basis for a minimum of three (3) consecutive years.

C. ELIGIBILITY DETERMINATION

The CDC will accept applications from families whose head or spouse is at least 18 years of age, except for emancipated minors under State law.