2015 Continuum of Care Priority Application

The Seattle King County CoC is submitting the attached 2015 Continuum of Care Application to the U.S. Department of Housing and Urban Development (HUD) on Wednesday, November 18, 2015.

This application reflects the commitments and activities of our community to make homelessness rare, brief and one time, including:

- ✓ CoC Engagement
- ✓ CoC Coordination
- ✓ Discharge Planning
- ✓ Coordinated Assessment
- ✓ Project Review
- ✓ HMIS
- ✓ Point-in-Time Count
- ✓ System Performance
    - o Chronic Homelessness
    - o Family Homelessness
    - o Youth/Young Adult Homelessness
    - o Veteran Homelessness
- ✓ Cross-cutting Policies

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: WA-500 - Seattle/King County CoC

1A-2. Collaborative Applicant Name: King County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Seatttle

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	Yes	Yes
Law Enforcement	Yes	No	Yes
Local Jail(s)	Yes	No	Yes
Hospital(s)	Yes	No	Yes
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	Yes
Public Housing Authorities	Yes	No	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes
School Administrators/Homeless Liaisons	Yes	No	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Yes	No	No
Youth advocates	Yes	No	No
Agencies that serve survivors of human trafficking	Yes	No	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran Service Organization	Yes	Yes	Yes
Immigrant / Refugee Organization	Yes	Yes	Yes
Faith-Based Organizations	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)

CoC membership open to the public & all orgs engaged in ending homelessness.
Members represent all levels/perspectives of the CoC-- DESC, largest shelter/PSH-CH provider [CB, Data/Eval, CEntry, Single Adult]; Solid Ground-family TH/PH, coord. County-wide prevention [CB; Family, CEntry]; Brian R., represents Rental Housing Association of WA board and private landlord perspective[CB].

1) 28 person CoC Board (CB) is cross-sector & regionally balanced includes 14 providers, 6 formerly/homeless, 9 persons of color; 150+ people participate in 9 CoC sub-committees.

2) Consumer hosted open meeting prior to all CB meetings for input on agenda/CoC activities; input shared at CB mtg.

3) CoC Annual Conference open to all interested to prevent/end homelessness. 2015 CoC Plan update included 500+ stakeholders. Input solicited: county-wide meetings, workshops, electronic feedback mechanisms.

4) CoC Weekly News is distributed to 2,000+. Reflects CoC activities & requests input.

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).
Youth Care	Yes	Yes	Yes
Friends of Youth	Yes	Yes	Yes
Auburn Youth Resources	Yes	Yes	Yes
YMCA	No	Yes	Yes
Teen Feed	No	Yes	No
Mockingbird Society	No	Yes	Yes
New Horizons	No	Yes	Yes
NAVOS	No	Yes	Yes
Valley Cities	No	Yes	Yes

ROOTS	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).
API Chaya	No	No
Consejo Counseling and Referral Services (CoC Program funded	No	No
Domestic Abused Women's Network	No	No
Interim Community Development Assoication	Yes	No
Jewish Family Services	No	No
Lifewire (CoC Program funded)	Yes	Yes
Refugee Women's Alliance	No	No
The Salvation Arm (CoC Program funded)	No	No
Seattle Indian Health Board	No	No
YWCA King/Snohomish Counties (CoC Program funded)	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)

Diverse, representative All Home (AH) Coord. Board (CB) provides oversight & leadership to implement CoC plan & ensure accountability for results.

CB establishes committees to plan for & monitor implementation of strategies, including HMIS (Patrice Frank – Sea), Data/Eval (Amanda Thompkins – King Co Eval.). CB also establishes & oversees Advisory Groups for subpops: single adult (Jason Johnson –Sea), YYA (Megan Gibbard –AH), family (Kira Zylstra – AH) that advise CB on strategies & policies. Additional workgroups are formed to meet Opening Doors goals: Mayor's Challenge Vet Homelessness Leadership Team (Mark Putnam - AH), Longterm Shelter Stayers (Josh Hall – Sea) & Coord. Entry (Kira Zylstra – AH). Those named work for entities with authority/responsibility for area. Each group has co-chairs other than ID'd lead, 1 provider & 1 funder; diverse CoC-wide members. Co-chairs determine if critical sector missing, receive nominations / provide recommendations for approval by committee

**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)**

CoC solicits new CoC Program projects thru its Operating/Services (ORS) NOFA combining funds (including HUD CoC) from 7 agencies (public/private) into a single application. It is a widely advertised/highly anticipated annual process. Coordinated between all funders, staff are available throughout the year to answer questions/guide new project development/ provide feedback/technical assistance. During the capital/service/operating review phase, staff meet with providers to discuss project plans, service models & project budgets and the allocation of HUD CoC funds and/or other local & federal dollars that best match project need/scope. New projects are selected for CoC program funding based on factors including CoC gaps/needs, target population, capacity/feasibility/readiness & CoC/HUD priorities. CoC issued a Request for Letter of Interest Notice in addition to the combined NOFA to solicit applications for the 2015 Bonus funding. Ten agencies responded on behalf of 16 projects.

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

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	6	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	6	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	6	100.00%
How many of the Con Plan jurisdictions are also ESG recipients?	3	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	3	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	3	100.00 %

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)

WA-500 is 6 Con Plan jurisdictions (Auburn, Bellevue, Federal Way, Kent, Seattle, King Co.). All jurisdictions represented on CoC Coordinating Board (bi-monthly planning mtg; 3 hr), and Funder Alignment Committee (bi- monthly planning mtg 2hr; plus e-mail). All jurisdictions participated in recent CoC strategic plan update (10 individual jurisdic. mtgs; 3group mtgs) and all Con Plans include CoC strategic plan and goals for ending homelessness. King Co. hosts All Home, our CoC lead organization, and with Seattle participates in weekly CoC planning meetings re: prevention / ending homelessness including population specific (i.e veteran, youth); coordinated entry, funding coordination and HMIS (15 hours minimum /week). Additional: Seattle and suburban cities weekly calls with CoC lead (1/2 hour).

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)

WA-500 ESG recipients are Seattle, King Co, & WA State (Auburn, Bellevue, Fed. Way, Kent). KC & Seattle ESG allocation policy/plans reflected in Con Plans. CoC strat plan is framework for ESG funding decisions for both, & CoC staff manage RFP & other funding decision processes. CoC participates with WA through Homeless Advisory Committee (informs ESG plan/funding decisions), comments during public comment, and is in continuous dialogue with WA re: implementation / evaluation. We share an HMIS with WA.

CoC provides the 3 ESG recipients Con Plan jurisdiction-level PIT & HMIS data. CoC has system & project outcomes & targets tailored to program & population type developed by CoC Data & Eval. Committee & approved by population groups & Coord Board. ESG recip. participate at all levels, & ESG sub-recipient info used in process. Outcomes used for evaluating relevant projects, including those funded with ESG from three recipients. Contracting and evaluation implemented by CoC.

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)

Coordinated Entry (CE) is the gateway for housing placement in the CoC. DV survivors who are homeless and refer to CE for housing assistance are immediately connected to trained advocates who screen for safety, security, and eligibility and are put on a separate placement list for their security. DV providers and non-DV specific housing agencies work together using a co-advocacy model to ensure safe, secure confidential housing within existing housing programs. The CoC also uses the Day One System for real-time inventory DV shelter for immediate assistance which has expanded outside the region for more opportunity. When referred to a housing provider, client information is entered into the local HMIS using de-identifiers. Client information collected by advocacy programs is subject to Washington State confidentiality statutes. Information can only be shared across programs or agencies with signed Releases of information by the clients

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
Housing Authority of King County	29.10%	Yes-Both
Housing Authority City of Renton	7.41%	No
Seattle Housing Authority	42.71%	Yes-Both

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)

The CoC added 6,314 units of PH w/supports for homeless HH since 2004, for a total of 8,859 units. Over 50% (4,895 units) were non-HUD funded (outside of CoC/ ESG /HCV). Fund sources for on-going rent, operating, maintenance, services funding include: County levy dollars ($6.6M); local general funds ($1.5M) Seattle Housing Levy ($2.8M); Philanthropy ($1.7M). Funds were used for short-term rent subsidies through RRH and Diversion ($17.4M). Recent action directed toward increasing access to affordable housing for homeless HH:

1)Implementing a $2M Risk Mitigation Fund to reduce screening criteria/increase access to housing.

2)Using the Medicaid Benefit in PSH and right sizing/converting homeless housing stock (TH) and using the savings for low cost affordable housing.

3) Strengthening the Tenant Relocation Assistance Ordinance (TRAO); Reducing barriers to housing for persons with criminal records

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:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
In developing CoC strat plan, met with staff and elected officials from all municipalities in King County to discuss reducing criminalization. CoC presented / discussed criminalization with elected officials at the Sound Cities Association (SCA) public issues committee; Bellevue City Council; and Seattle City Council. In 2016, we are co-hosting a convening with the SCA on best practices for cities, and will conduct analyses of policies for cities	X

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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities	X
None:	

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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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)

N/A

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)

The CoC redesigning its CE system in 2016 to an aligned systematic all-population assessment & placement process using a common screening tool. The CE prioritizes entry based on vulnerability and length of homelessness. To ensure swift/equitable access to housing county-wide, CE decentralized for youth/families. Assessments are conducted at five regional HUBs across King County. Assessors are mobile, able to meet households anywhere as needed. Staff are multi-lingual/trained to work with special populations. CEA is made known through All Home, Crisis Help Line, targeted outreach to community partners (school districts, DSHS offices, churches, nonprofit providers; jurisdictions). Outreach teams for unsheltered are directly connected to CE. The CoC is using the VI-SPDAT to develop a One List, name-based roster for veterans experiencing homelessness. A similar One List roster is planned all single adults in 2016

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	X	X		X	X	
CDBG/HOME/Entitlement Jurisdiction	X	X				
Law Enforcement		X				
Local Jail(s)		X				
Hospital(s)		X				
EMT/Crisis Response Team(s)		X				
Mental Health Service Organizations	X	X	X	X	X	
Substance Abuse Service Organizations	X	X	X	X	X	
Affordable Housing Developer(s)	X	X	X			
Public Housing Authorities	X	X				
Non-CoC Funded Youth Homeless Organizations		X				
School Administrators/Homeless Liaisons		X				
Non-CoC Funded Victim Service Organizations		X				
Street Outreach Team(s)	X	X		X	X	
Homeless or Formerly Homeless Persons	X	X				

	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

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?	62

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	5

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?	57

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.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X
(1) Housing Stability Bonus (movement to PH 90 days or less; (2) 10% or less exit with No resources cash or non cashome	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X
(1) % leverage contributed to the project (2) Complete/qualtity data in HMIS	X

Need for specialized population services	
Youth	
Victims of Domestic Violence	
Families with Children	
Persons Experiencing Chronic Homelessness	X
Veterans	

None	

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)

The rating and review criteria approved by the CoC All Home included elements/metrics determined by locally driven priorities. The CoC used CY 2014 APR data as the primary data source for evaluating each HUD CoC Program project. The following elements were weighted to ensure that the projects serving those with high vulnerabilities and most severe needs received consideration when determining the priority rank order:

1) The extent to which a project met the CoC system priority for serving exclusively those who are Chronically Homeless (CH). The coordinated entry for CH prioritizes high utilizers, longest term homeless, and high vulnerability.

2) The extent to which APR Q22a2/22b2 indicated a project served a "hard to serve" populations as evidenced by 2+ disabilities.

3) The extent to which residence prior to entry is either the streets or shelter.

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)

Seattle King County local CoC Program competition review/ranking/selection process guided by CoC funding priorities approved by the All Home InterAgency Council (03/02/2015) & re-confirmed by the Coordinating Board (10/07/2015). The CoC Data & Evaluation Committee reviewed/approved the annual evaluation process/review criteria (03/12/2015). The approved review and ranking criteria were incorporated into the 2015 local application & shared with applicants at two workshops (04/13/2015)&(10/02 & 10/05/2015). Results of the CoC rating, review and final priority rank order were presented at a community meeting and posted on 11/2/15. Written notification was delivered on the same day. Minutes and documents were posted on the All Home 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.)

11/18/2015

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.) 11/02/2015

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)

CoC drives project and system performance through contract reimbursement, annual compliance monitoring, HMIS and HEARTH dashboard data published monthly/quarterly and the CoC Program Annual Program Report. The CoC goal is to identify issues early & support capacity as needed to ensure successful CoC funded projects. CoC staff conduct annual on-site compliance monitoring that look at, participant eligibility, recordkeeping, utilization, spending, etc. Project performance is measured in five CoC primary domains: Movement to Housing; Income Progress; HMIS data quality/ completeness; Project efficiency (on-time reporting, spending,& occupancy) and System Priority (target population/project type).

The APR is used to assess project performance for project ranking/review during the annual CoC Program competition process and drives the CoC Priority Listing. The local HUD office provided supporting information regarding the 30% of projects that contract directly with HUD

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.

The role and responsibliity of the HMIS lead can be found on pages 1-4-5-9-11-13 of the attached 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).   Adsystech

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).   Adaptive Engineering Solutions

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 coverage area: Single CoC

* 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	$403,714
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$403,714

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	$178,382
County	$300,000
State	$0
State and Local - Total Amount	$478,382

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$78,184
Private - Total Amount	$78,184

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-2.6 Total Budget for Operating Year	$960,280

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 2015 HIC data in HDX, (mm/dd/yyyy):   05/15/2015

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	2,828	171	2,078	78.21%
Safe Haven (SH) beds	45	0	45	100.00%
Transitional Housing (TH) beds	3,579	445	2,515	80.25%
Rapid Re-Housing (RRH) beds	1,326	7	1,319	100.00%
Permanent Supportive Housing (PSH) beds	4,675	0	3,839	82.12%
Other Permanent Housing (OPH) beds	1,382	0	1,255	90.81%

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)

ES–78.21%; 180 bed gap. Gap mostly faith-based (Bread of Life; Mary's; UGM – 577 beds). Otherwise partners in CoC work. Currently including in SWAP analysis of investments, & will leverage that to bring to HMIS over next year. If successfully bring 31% of their beds into HMIS, will pass 85% mark

TH–80%; 149 bed gap. By finishing work to bring Wellspring TH into HMIS (160 beds) will meet 85% target. Remainder of gap to 100% is primarily faith-based (Acres, Bread; Jubilee; Plym. HoH; UGM; VineMple; Vision; WayBack – 428 beds). Will work to leverage SWAP & other collaborative work to bring more of units into HMIS

PSH–82.12%, 135 bed gap. Of PSH beds not in HMIS, 94% (783 beds) are VASH.   By bringing 2015 new project based VASH to HMIS (71 beds) will reach 84%.   Local HA (Kng Co, Renton, Seattle) are strong partners in efforts to end homelessness & will work with them to include more VASH in HMIS. New PSH coming on-line (i.e., Interbay 97 beds) will be in HMIS & up %

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):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	X
Youth focused projects:	
HOPWA projects:	X
Not Applicable:	

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

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	35%	5%
3.3 Date of birth	0%	6%
3.4 Race	0%	14%
3.5 Ethnicity	0%	9%
3.6 Gender	0%	1%
3.7 Veteran status	0%	2%
3.8 Disabling condition	0%	2%
3.9 Residence prior to project entry	0%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	8%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	4%

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

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

	☐
None	☐

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? Monthly

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):	X
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

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)

N/A

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): 05/15/2015

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:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

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

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	
Sample of PIT interviews plus extrapolation:	
surveys completed for all ES and TH programs not participating in the HMIS (i.e., faith-based)	X

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)

PIT contacts and HIC confirmed for all programs early January. HMIS: agencies provided PIT data quality / completeness reports to run; instructions for correcting data; schedule for running reports & cleaning data. HMIS staff provide TA. PIT/Inventory administrator reviews HMIS data & agencies affirmatively confirm #s & explain notable changes.

Survey of non-HMIS implemented by CoC staff. Surveys & detailed instructions sent out pre- PIT; reminders / TA from survey receipt through PIT – until all received. Data reviewed for consistency/completeness & CoC staff work with agency staff to ensure clean/complete data.

Method chosen confirms inventory and ensures accuracy of sheltered population count. HMIS data strengthened for use in ongoing program and system performance analysis. Faith-based engaged in CoC, building relationships for SWAP analysis and future HMIS engagement. Consistency in approach across years allows for comparison.

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)

There was no change in our sheltered PIT methodology from 2013/14 - 2015

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:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

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)

There was no change in the implementation of our sheltered count

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? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/15/2015

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:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	X
HMIS:	
Verterans and Chronic informed by other than public places count	X

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)

Known area PIT: 100+ teams walk areas w/ clear boundaries tallying unsheltered by location from 2:30 - 5:30 am (people settled for night & few else on street). 2015 counted in 16 jurisdictions. Also special youth drop-ins; ER - persons not seeking med care, overnight buses, tent cities. Families ID'd thru coord. entry (info includes location, HH size; checked for no duplication). Tallied for aggregate, unduplicated count. Chronically homeless are individuals known to meet definition & on the street on PIT. Demographics, including veteran status, collected in person at services county-wide without clientele overlap. 100% surveyed, only demog. of those on street night of count used. Method chosen because count documents people seen (not estimated or reported post PIT); rigorously precludes duplication of pops/subpops.; includes sub pops (youth & families); involves elecated / community leaders / citizens & promotes community awareness / action. Consistent approach 25+ yrs

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 in methodology.

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:	X
"Blitz" count:	X
Unique identifier:	
Survey question:	
Enumerator observation:	X
None:	

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)

Implementation changes to unsheltered count in 2015: worked with King Co. Housing Authority, other community partners to add new HQ, expanding PIT geography to add several jurisdictions, parts of unincorporated King Co.; new HQ on small rural island (Vashon) not previously counted. Staff worked in new areas to identify known locations, create maps, train new partners. ID'd 2 new organized tent camps and safe parking programs to include in PIT. Expanded sites for in-person daytime survey to collect demographic data for people outside during PIT, special focus on geographic spread and inclusion of families with children. Coordinated with pre-PIT Youth & Young Adult surveyors to refer unsheltered YYA to special YYA overnight PIT events. Added survey questions to record self-ID race /ethnicity, and age; refined gender question per HUD framework (self-ID & options).

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		9,106	10,122	1,016
Emergency Shelter Total		2,874	3,282	408
Safe Haven Total		44	44	0
Transitional Housing Total		3,452	2,993	-459
Total Sheltered Count		6,370	6,319	-51
Total Unsheltered Count		2,736	3,803	1,067

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		20,465
Emergency Shelter Total		15,857
Safe Haven Total		69
Transitional Housing Total		5,447

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)

Entry (CE), Mainstream Resource data (DSHS, jail, M Health). Specific efforts to identify risk factors:

CoC engages mainstream in processes, & tracks exit data from mainstream inst. (jail & hospital) & changes in mainstream system eligibility as early determinates of risk. Prevention partners active in CoC
CoC & WA - DSHS used DHHS-funded Youth At Risk of Homelessness (YARH) grant to identify predictive factors of homelessness for youth in foster care with possible intervention pilot.

To prevent homelessness CoC:
1) developed local research based typology of YYA who become homeless to inform primary prevention effort (YYA Initiative & Eval team);
2) bringing to scale system-wide diversion for families thru CE
3) Foster Care extended to 21.
4) Seattle HALA – hsing affordability policies
5) King Co passed Best Starts Levy (11/2015) - $19M for homeless prevention/diversion

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)

HUD specification based SQL script to measure length of time homeless (LOT). Data updated by extracting HMIS data, creating LOT variable in SQL, & transferring dataset to Tableau for visual dashboard. Disaggregated by pop., proj type, & race/ethnic group. Results reported quarterly to stakeholders & public. Project-level length of stay is measured for all projects & contract targets are set based on performance at the population & project-type levels [i.e YYA ES-20 days; Single Adults (SA: ES-37 days].

Specific interventions to reduce LOS & target resources developed in CoC population workgroups: (1) YYA is using a name based list (updated quarterly) of long term YYA homeless; (2) single adults: ID most vulnerable/longest homeless SA; One List and VI SPDAT; Long-term shelter stayer initiative (3) Family transitional housing is realigning to shorter, more cost-effective RRH and (4) CoC has reduced screening criteria system-wide for quick low barrier entry. More RRH for all pops.

* 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		4,204
Of the persons in the Universe above, how many of those exited to permanent destinations?		1,963
% Successful Exits		46.69%

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		2,086
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?		1,868

% Successful Retentions/Exits	89.55%

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)

In 2014, 16% going from homeless to housed returned to homelessness within two years. Strategies/tools to improve performance and minimize returns include:

1) Using HMIS data to identify patterns of performance among providers & target TA;

(2) Using SWAP suite of tools to identify interventions that work;

(3) Adding capacity so HH in emergency can re-engage with their original program/service provider;

(4) right-sizing resources shifting 300 units of TH to PSH in 2016;

(5) Using a custom SQL code to identify who is returning to homelessness and target assertive outreach/diversion.

CoC uses SQL script running off HMIS data that is inclusive of all program exits from RRH, TH, and PSH. An HMIS master ID allows a look across multiple program enrollments for the same client. Quarterly dashboard reports to stakeholders by population, project-type & racial/ethnic group and system wide. Project level data is shared publicly on annual basis

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)

Increasing ncome is essential to CoC effort to make homelessness brief and one time. In 2014, CoC added "Employment Navigator" program into the Rapid Rehousing (RRH) for Homeless Families' pilot. Conducted by Neighborhood House, Career Connections and YWCA Works, individuals were ID'd at Coordinated Entry (CE) and offered 1:1 assistance focused on increasing income, primarily though employment, while enrolled in RRH. As of June 2015, more than 210 families obtained new employment (65% of total families enrolled), 160 experienced an increase in their earned income (49% of total families enrolled in the program).

For many employment is not an option. The Washington State SOAR (SSI and SSDI Outreach, Access and Recovery) program to expedite the Social Security disability benefits application/approval process is key. Soar Traing offered regularly (most recent : 9/2015). Notably, the WA program is providing focused SOAR training for Vet program Case Managers through an MOU with DVA

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)

Workforce Development Council (WDC) is the primary mainstream employment organization in the CoC and oversee the region's WorkSource Sites.   Between 935-1545 unique homeless job seekers are served by the Renton, Auburn and Seattle sites.

To develop a stronger pathway to employment, WDC worked with the CoC to: 1) integrate employment/income questions and services into Coordinated Entry by assessment tool in order to quickly match homeless families with employment opportunities, 2) realign funding for homeless job seekers, and 3) build a Business Leaders Taskforce to address employment/training needs for homeless HH.

The CoC is also building an enhanced employment navigator program into CE. A larger financial empowerment strategy includes programs like Solid Ground's Financial Fitness Boot Camp and YWCA's Hope and Power and Neighborhood House Financial Empowerment Centers. Almost 60% of CoC Program funded projects regularly connect HH to employment 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)

CoC effort to reach all unsheltered on streets & connect to housing is a multi-partner effort:

Outreach (PATH, REACH, DESC) IDs thru assertive outreach & track in dbase. Outreach integrated in CoC & connect to hsing thru set asides, integration in single & CH work. Outreached clients prioritized thru prioritization of long-term homeless & vulnerable.

Vet outreach coordinated at VOLT mtgs. Outreach tracking/name based 1 list integrated VI-SPDAT & conferencing on priority housing to vets.

New mobile medical van expands outreach & access to healthcare & connect to rental assistance, leveraging CoC Program funds (bonus application)

Multi-Disciplinary Outreach Team (MDOT) pilots progressive engagement to unsanctioned encampments. Daily mtgs w/housing/service case conferencing & connect to housing

Scaling new investments connect outreach to housing (100 new shelter beds, flexible funds to REACH teams, expand Long Term Stayer Initiative with increased rental assistance).

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)

WA-500 is 2,307 sq. mi w/ 39 cities & National Forest land. CoC IDs unlikely areas w/ info from community, scouting, mapping, zoning & income data: high income residential; fenced industrial zones; suburban areas far from transit; National Forest, private or ag land distant from roads; areas under water excluded. Exclusion criteria consistent year to year. Prior count areas where no homeless in last 3 PIT or conditions perm. changed (construction in former open space) excluded (2 areas in 9 yrs). Areas unsafe for counters (abandoned buildings; unstable terrain) routinely excluded. Team leads scout areas pre-PIT, IDing changes [construction; flooding] that may result in exclusion that year. Staff convene lead community partners to review areas early, ID possible changes that may require special consideration, including consult w/ law enforcement, parks staff, providers & users of homeless services. Continue to refine our methodology for exclusion to inform full geographic coverage

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		854	812	-42
Sheltered Count of chronically homeless persons		487	461	-26
Unsheltered Count of chronically homeless persons		367	351	-16

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 numbers in 3B-1.1 represent 2013 and 2015 PIT numbers. The overall total and the unsheltered number of chronically homeless both decreased. The overall number decreased because of a concerted effort to house long term shelter stayers, including those with a disability (CH). The unsheltered numbers reduced because the housing of previously sheltered CH resulted in increased shelter bed availability for others, including unsheltered CH. Additionally, increased outreach and the support needed allowed unsheltered CH to be housed. NOTE: 2013 numbers were used because WA-500 does not have 2014 unsheltered PIT data in HDX. WA-500 did implement a PIT in 2014, however, numbers were not reported in HDX as we did not have full demographics to report as required.

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)

CoC TYP has housing production, including CH as a top priority.

a) Added 27 units DESC Aurora (by 2013 PIT)

b) CoC Agencies add 193 new CH beds in 2013: DESC Aurora (60); CHA Nyer Urness (55) DESC Cottage Grove (20); LIHI Ernestine Anderson (15), KCHA VASH (40); SHA VASH (3)

b) Will open in 2014: DESC Cottage Grove (46); CHS Patrick Place (20)

c) CoC applying in 2013 for 97 CH units for DESC Interbay with reallocation (open 2015).

d) Increase units for CH through turnover of units not designated for CH under Client Care Coordination (CCC) for most vulnerable, and long term stayers initiative. CCC consortium includes FG, VA, Public Health, SHA, KCHA, PSH providers.

e) Coordinate housing/services funds for CH units in annual Combined NOFA/RFP with 7 public/private funding agencies. NOFA funds for new units include CH: 2009 Seattle Housing Levy (7yr property tax) to produce/preserve 1,670 units; 2011 King County Veterans & Human Services Levy (6yr property tax) includes housing capital/services funds.

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)

a) DESC Aurora (27);   1/13 – pre-PIT

b) 193 new CH beds in 2013
DESC Aurora (60)   4/13
CHA Nyer (55)   9/13
DESC Cottage Grove (20) 12/13
LIHI Ernestine (15) 4/13
KCHA VASH (40) 2-12/13
SHA VASH (3)   6-12/13

Opened 2014:
DESC Cottage G (46); 3/14
CHS Patrick PI (20) 5/14

c) DESC Interbay (97 units) awarded 2013 HUD CoC funds opening 12/2015.

d) Increase units for CH thru turnover of non-CH units: Long Term Stayer moved 85 LTS to PSH in 1 yr (2013/14); freed 15K shelter bednights. Thru engagement w/ LTS & CCC, housing partners (i.e., PHG, CCS) used non-CH-dedicated units. Landscape analysis to ID all units; adopted prioritization. Work continues.

e) Coord housing/svcs funds for CH units. 2014 Combined NOFA with 7 public/private funders: 177 PSH-CH awarded funding (12/2014); 5 yr awds w/ 2 yr contracts anticipating Medicaid hsing benefit adjustments [includes Scargo, & CoC-funded CCS Noel / Rose of Lima; DESC Canaday

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.	1,786	1,839	53

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)

The cumulative 53 dedicated chronically homeless bed increase results from a combination of factors. There was an increase of 56 new beds (CCS Patrick Place; DESC Cottage Grove); & 22 additional beds designated for CH in existing projects (DESC 1811; VCCC Landing). There was also an increase of 105 "Shelter Plus Care" TRA beds dedicated to CH, which is primarily increased prioritization of CH by the program, with some improved data quality. These increases were offset by reductions in other programs. 92 beds formerly in the HIC as PSH-CH were re-categorized as OPH. This was a result of loss of services that allowed the units to be PSH & serve CH (55 beds: CHA Karlstrom; LIHI Frye), or changes in project policies regarding length of homelessness or disability requirements (37 beds: PHG Colwell; Sophia's Home). 38 VASH units continue to provide PSH, but units not necessarily held by households meeting all pieces of the CH definition due to other VA priorities for some units.

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 ?

Yes

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.

website

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.		1,232
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.		146

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.	126

This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	86.30%

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)

While we are not currently on track to end chronic homelessness by 2017, we are implementing strategies to meet this goal, including
- implementing new 230 scattered site TRA PSH for CH, funded thru 2014 CoC bonus
- opening new PSH: DESC Interbay (97 CH units)
- Right-sizing family system to decrease TH & increase PSH for CH families
- reallocating, as part of this application, $2.1 million SSO and TH to PSH for CH individuals and families
- implementing HUD's recommended order of priority for CH in PSH
- use SWAP analysis
- increasing the prioritization of existing PSH units for the chronically homeless through turnover of units
- increase turnover of PSH units through graduation strategies
We could use TA to help us increase turnover of PSH units through graduation

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:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

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)

CoC taking the following action to achieve housing placement for families within 30 days: 1) Adding efficiencies/streamlining CE for quick response 2) setting ambitious goal to achieve placement in 30 days by 20% a year with measure tied to HMIS entry date; 3) connecting services to CE thru expanded diversion/RRH; 2) Adding flexible client assistance to expedite rehousing at the shelter level; 4) Continuing to realign resources to create more permanent housing; 5) Expanding enhanced housing locator services across the CoC; 6) Utilizing lessons learned from the Veteran System to include 'take down targets' to address the CoC wait list for homeless housing

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:	33	336	303

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:	X
There is a method for clients to alert CoC when involuntarily separated:	X
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

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:**	894	975	81
Sheltered Count of homeless **households with children:**	894	966	72
Unsheltered Count of homeless **households with children:**	0	9	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)

Total increase reflects increase in sheltered households (HH; 72) & 9 HH increase in # of unsheltered reported. Sheltered # is an actual increase in HH in emergency shelter on PIT (78 HH). This was the result of both an increase of 30 in the # of ES units available for families with children, & existing shelters housing more HH.   A minor mitigating decrease of 6 HH in TH on the PIT represents a natural variance (& results in the 72 household total change). In 2013 no families reported & in 2015, 9 HH. This change reflects a change in methodology. Between 2013 & 2015 our coordinated entry for families was implemented. Using CE contacts at the time of the PIT provided access to information about unsheltered homeless families with children that we had not previously had. NOTE: 2013 numbers used because WA-500 does not have 2014 unsheltered PIT data in HDX. WA-500 did implement a PIT in 2014, however, # not reported in HDX as did not have full demographics to report as required

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:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	X
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X
N/A:	

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:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
Coordinated Entry vulnerability score accounts for requests for MH/CD support as well as the above	X
N/A:	

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, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	407	651	244

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)

N/A

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):	$10,091,509.00	$10,789,753.00	$698,244.00
CoC Program funding for youth homelessness dedicated projects:	$2,742,060.00	$2,742,060.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$7,349,449.00	$8,047,693.00	$698,244.00

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:	9
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	12
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 eduction liaisons and State educational coordinators.
(limit 1000 characters)

Collaboration between the LEA and SEA representatives, local YYA housing providers and the CoC/ESG occurs at many levels:

1.Via the CoC YYA Advisory Group– the CoC key informing/endorsement body for homeless YYA issues (meets monthly). Current active stakeholders include: a) Puget Sound Educational Services District connects CoC homeless YYA issues directly to school LEA; b) Seattle Education Access project focuses on higher education for homeless/at risk YYA. Both involved/informed the YYA Comprehensive Plan Refresh;

2.At the school district level --Student and Family Housing Initiative (SFSI) is a partnership of the Highline School District, KCHA and non-profit housing provider linking the districts rising number of homeless students to RRH/services. Program has housed 23 families and is on target to house 50 more.

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, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Student homelessness is a growing problem in the CoC. The CoC requires all homeless service providers (including ESG /CoC funded) to ensure all children are enrolled in school/receive access to educational services in their community. Programs (CoC/ESG funded) serving HH with children/YYA required to certify their knowledge of & intent to comply with MKV Education Act & these assurance are part of their contractual obligation. The CoC provides written information to families/YYA regarding MKV rights & developed a brochure that identifies all MKV school district liaisons & outlines educational rights under the Act. Annual training re MKV education rights brings together homeless providers & school personnel. To further ensure school enrollment the homeless YYA continuum has several Interagency Seattle Public Schools located directly within drop in centers – allowing direct & low barrier access to education for YYA that are disconnected from school. CoC representatives have worked with child welfare partners to strengthen homelessness prevention strategies for youth in foster care through an HHS Youth at Risk of Homelessness grant.
The CoC Plan Refresh IDs the following priority activity around education:
Collaborate w/ other systems to target interventions & prevent homelessness
• Schools: Support school districts to improve:
o Existing infrastructure & integrated systems, such as professionalizing & building Homeless Liaison Community of Practice & improving data quality in schools to assess homelessness among students & promoting shared data between schools & the homelessness system.
o Early ID, such as using attendance data to identify young people who may be homeless.
o Services & early intervention to connect homeless students directly to services.

This priority activity will guide our work toward a joint process with school administrators to identify families who might be experiencing or be at risk of homelessness

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:	682	608	-74
Sheltered count of homeless veterans:	589	499	-90
Unsheltered count of homeless veterans:	93	109	16

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)

Total homeless Veterans reported down b/w 2013 & 2015. 90 fewer sheltered Vets, offset slightly by increase of 16 unsheltered Vets ID'd. 2013-2015 we increased vet-dedicated PH w/ VASH (148 more on PIT 2015) & new SSVF-RRH (PIT 2015: 162 HH). Non-VA eligible are housed in general pop units. This allowed more Vets to access PH more quickly, reducing # in ES/TH. 2013 to 2015 unsheltered PIT increased 38%. 16 unsheltered Vets is 15% increase. 50% lower rate of increase reflects impact of SSVF & VASH in housing Vets. Increased unsheltered vet count also in part attributable to improved implementation of count method. 2013-2015 we refined "Veterans Count" (now "Everyone Counts") piece of PIT which collects info about unsheltered homeless vets, & at more sites. NOTE: 2013 numbers used because WA-500 does not have 2014 unsheltered PIT data in HDX. WA-500 did implement a PIT in 2014; however, numbers were not reported in HDX as we did not have full demographics to report as required

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)

CoC reaches out to Vets: Outreach team makes contact on street / at service locations or Vet triaged thru call to VA or WDVA King County Call Center. Outreach coordinated in weekly meetings. Uses a name based One List with Vi SPDAT. List updated with data sharing agreements and ROI's. HMIS used to ID vets entering system and to ID known hot spots/service sites. Teams trained to triage to VAMC for eligibility determination/Veteran-specific/CoC program-funded housing resources. Agencies with little/no Veteran training connect w/Veteran expert for Veteran services eligibility. The Veterans Operational Leadership Team meets weekly to discuss new VI-SPDATs and triage to permanent housing resources. Navigators work with Veterans not registered or ineligible for VA services with warm hand-off to non-VA organizations. Outreach teams connect with non-VA funded sites for outreach. A CoC-wide call to action campaign uses social media, signage, distribution, meetings to make process known

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)

58 of 840 Veterans were assessed ineligible for VA services/VASH in 2015. VA-ineligible vets are assigned by CoC vet system navigators responsible to engage/connect them to local PSH. Weekly case conference calls between Vet outreach/ navigators/ CoC housing providers prioritize vets (eligible/non eligible) in the queue for any unit opening –Vet set aside beds (115 non-VASH PH set-asides) or general inventory (CoC/ESG/other-funded).

There are eight RRH programs in the CoC (DESC, CCS, ECR, Neighborhood House, Solid Ground, DAWN, Wellspring, YWCA,). To date, they can enroll/serve all referrals without limitation. The need to prioritize Vets over other populations has not been an issue.   CoC PSH providers prioritize for unit openings veterans assigned to them

The CoC has communicated a value/commitment to prioritize Veterans in PSH and RRH through the CoC Single Adult Advisory Group, Single Adult Coordinated Entry Design Team, Funder Communication and Fair Housing Policy.

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:	499	608	21.84%
Unsheltered count of homeless veterans:	0	109	0.00%

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)

CoC meets Mayors Challenge criteria for Ending Veteran Homelessness. It has identified all Vets who are homeless through data sharing agreement b/w VA & HMIS; built a CE database for Vets in HMIS and maintains name-based lists for Vet families and Singles. CoC contracts are aligned to identify and outreach to Vets, conduct VI-SPDAT and forward assessments to two weekly meetings where community partners triage ALL Vets to appropriate housing resource with attached housing plan. Unsheltered Vets are assisted in finding shelter/bridge housing pending PH placement. Infrastructure is in place for continued efforts to find, assess, refer and rapidly house Vets, and CoC continues to improve data collection and sharing and use of data for effective resource allocation as needs / challenges change. CoC has adequate level of VASH and SSVF resources in place, but the high rent/low vacancy private rental market is a major barrier

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):	76
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).	76
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**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)**

Washington is a Medicaid expansion state. Public Health Seattle-King County (PH) and HealthCare for the Homeless Network (HCHN) are CoC leads to facilitate health insurance enrollment. 38% decrease in uninsured adults 2013-14; 60% decrease for blacks. PH & HCHN collaborating with healthcare organizations: Harborview Med Center, HealthPoint; International Community Health Services, Neighborcare Health, Somali Health Board, & WithinReach, to facilitate enrollment. 23 organizations official enrollment sites (include CoC –funded.YWCA, VCCC, El Centro de la Raza, Neighborhood House), and 600+ navigators trained to assist with enrollment at community organizations (include CoC –funded orgs i.e., DESC, Compass Housing, Plymouth Housing, Evergreen Treatment). Positive Outcome: HealthPoint thru Mobile Medical Van enrolled 406 homeless clients in 2014, 67% received post-enrollment education, and were assisted in selecting a doctor, and many subsequently seen at HealthPoint clinics

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:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Mobile Medical Van brings healthcare to homeless persons in South King County. Serves multiple jurisdictions (Auburn, Federal Way, Kent, Renton) at multiple food banks, meal programs, and day shelters. Additional van planned for 2016 to cover additional parts of the CoC	X
Healthcare for the Homeless Network front-line staff make appointments and accompany clients to visits	X
Downtown Circulator Bus - CoC partner agency Solid Ground operates a free circulator bus in downtown Seattle to facilitate access to healthcare [Pioneer Square and 3rd Ave. clinics and Harborview Hospital and mental health services] and other services. Implemented after free bus zone eliminated	X
Not Applicable or None:	

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):	76
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:	70
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":	92%

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):	76
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:	68
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:	89%

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:	X
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

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:		36	484	448

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)

N/A

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?   No

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)

N/A

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

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
CoC Governance	06/30/2015	5
CoC Systems Performance Measurement	07/08/2014	5
Veteran Subpopulation	11/18/2015	4

2015 Continuum of Care Priority Listing

The Seattle King County CoC submitted its 2015 Continuum of Care Priority Listing to the U.S. Department of Housing and Urban Development (HUD) on Wednesday, November 18, 2015, at 2:30 p.m.

The Priority Listing reflects our approved rank order process and results, including

- ✓ Projects renewed
- ✓ Projects reduced
- ✓ Projects eliminated
- ✓ New projects proposed with reallocated dollars
- ✓ New projects proposed with bonus dollars

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/ask-a-question/.

Collaborative Applicant Name: King County

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2016 into one or more new projects?   Yes

3. Reallocation - Grant(s) Eliminated

CoCs that intend to reallocate eligible renewal funds to create a new project application (as detailed in the FY 2015 CoC Program Competition NOFA) may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
$4,006,030				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Regional Homeless...	WA0047L0T001407	SSO	$479,095	Regular
Homeless Youth Co...	WA0027L0T001407	SSO	$738,688	Regular
Homeless Interven...	WA0026L0T001407	SSO	$927,121	Regular
Kids Plus	WA0039L0T001407	SSO	$414,005	Regular
Medical Respite	WA0040L0T001407	SSO	$696,732	Regular
Sandpoint Family ...	WA0051L0T001407	TH	$294,978	Regular
Transitions	WA0061L0T001407	TH	$81,370	Regular
Kenney Place	WA026100L0T00402	PH	$115,946	Regular
Hopelink Place	WA0030L0T001407	TH	$121,939	Regular
Family Village Re...	WA0019L0T001407	TH	$78,878	Regular
The Homelessness ...	WA0028L0T001407	TH	$57,278	Regular

4. Reallocation - Grant(s) Reduced

CoCs planning to use reallocation may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing projects must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
$3,628					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
Coming Home	WA0012L0T001407	$492,048	$488,420	$3,628	Regular

5. Reallocation - New Project(s)

Collaborative Applicants must identify the new project(s) the CoC plans to create and enter the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$4,009,658				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
63	Family Villa...	PSH	$101,650	Regular
64	Ronald Commons	PSH	$144,450	Regular
65	Sandpoint Fa...	PSH	$393,823	Regular
66	Rapid Rehous...	RRH	$656,764	Regular
67	WA-500 Coord...	SSO-CE	$1,872,500	Regular
68	7th & Cherry	PSH	$270,710	Regular
70	Rapid Rehous...	RRH	$453,131	Regular
71	YWCA Support...	PSH	$116,630	Regular

6. Reallocation: Balance Summary

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/

6-1 Below is the summary of the information entered on the reallocated forms. The last field "Remaining Reallocation Balance" should equal '0'. If there is a positive balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	$4,009,658
Amount requested for new project(s):	$4,009,658
Remaining Reallocation Balance:	$0

Continuum of Care (CoC) New Project Listing

Instructions:

 Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "FY 2015 CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/.

 To upload all new project applications that were created through Reallocation or the Permanent Housing Bonus that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects created through reallocation that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Estelle Supportiv...	2015-11-18 00:56:...	1 Year	City of Seattle H...	$828,912	B74	PH
Ronald Commons	2015-11-16 14:37:...	1 Year	City of Seattle H...	$144,450	N64	PH
REACH Scattered S...	2015-11-18 00:37:...	1 Year	King County Depar...	$533,098	B72	PH
Keys Expansion #1	2015-11-18 00:55:...	1 Year	King County Depar...	$816,987	B77	PH
Family Village Re...	2015-11-18 00:33:...	1 Year	King County Depar...	$101,650	N63	PH
REACH Scattered S...	2015-11-18 00:39:...	1 Year	King County Depar...	$482,231	B76	PH
Working for Housi...	2015-11-18 00:51:...	1 Year	City of Seattle H...	$525,356	B73	PH
DESC RRH for Singles	2015-11-18 00:50:...	1 Year	King County Depar...	$516,702	B75	PH
Keys Expansion #2	2015-11-18 01:20:...	1 Year	King County Depar...	$654,528	B78	PH
WA-500 Coordinate...	2015-11-18 13:12:...	1 Year	King County Depar...	$1,872,500	N67	SSO
Rapid Rehouisng f...	2015-11-18 09:24:...	1 Year	City of Seattle H...	$656,764	N66	PH
Sandpoint Familie...	2015-11-18 09:22:...	1 Year	City of Seattle H...	$393,823	N65	PH
PHG 7th and Cherry	2015-11-18 13:57:...	1 Year	City of Seattle H...	$270,710	N68	PH

YWCA Supportive H...	2015-11-18 14:25:...	1 Year	City of Seattle H...	$116,630	N71	PH
Rapid Rehousing f...	2015-11-18 16:56:...	1 Year	City of Seattle H...	$453,131	N70	PH

Continuum of Care (CoC) Renewal Project Listing

Instructions:

 Prior to starting the Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

 To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Anita Vista	2015-11-05 17:32:...	1 Year	YWCA of Seattle-K...	$57,319	W50	TH
Auburn Transition...	2015-11-05 17:34:...	1 Year	YWCA of Seattle-K...	$42,540	W61	TH
Broadview Transit...	2015-11-05 13:13:...	1 Year	Solid Ground of W...	$158,620	W37	TH
Arbor House (aka ...	2015-11-05 14:47:...	1 Year	Friends of Youth	$123,062	W31	TH
United Indians/La...	2015-11-05 16:51:...	1 Year	United Indians of...	$343,565	W48	TH
William Booth Cen...	2015-11-05 16:45:...	1 Year	The Salvation Arm...	$253,988	W33	TH
Rose of Lima House	2015-11-05 14:03:...	1 Year	Catholic Housing ...	$106,814	W7	PH

Ravenna House	2015-11-05 13:23:...	1 Year	YouthCare	$151,856	W57	TH
VVLP #1 Bennett	2015-11-05 14:34:...	1 Year	Vietnam Veterans ...	$23,579	W53	TH
Straley House	2015-11-05 13:34:...	1 Year	YouthCare	$105,602	W28	TH
ECR Transitional ...	2015-11-09 17:43:...	1 Year	El Centro de la Raza	$17,603	W30	TH
Beacon House	2015-11-09 12:40:...	1 Year	Seattle Housing A...	$9,896	W6	PH
The Salvation Arm...	2015-11-09 13:40:...	1 Year	The Salvation Arm...	$77,838	W60	TH
Lyon Building	2015-11-09 12:37:...	1 Year	Downtown Emergenc...	$402,635	W15	PH
Homeless Families...	2015-11-10 21:35:...	1 Year	Multi-Service Center	$26,724	W59	TH
Aloha Inn	2015-11-10 14:53:...	1 Year	Catholic Communit...	$201,576	W10	TH
Harbor House - Sa...	2015-11-09 19:35:...	1 Year	Community Psychia...	$348,156	W69	SH
El Rey	2015-11-09 19:36:...	1 Year	Community Psychia...	$75,171	W39	TH
Windermere House	2015-11-10 17:35:...	1 Year	YWCA of Seattle-K...	$29,683	W36	TH
Multi-Agency Project	2015-11-10 17:39:...	1 Year	YWCA of Seattle-K...	$85,614	W34	TH
St. Martin's on W...	2015-11-12 15:19:...	1 Year	Catholic Housing ...	$197,739	W1	PH
Watson Manor Tran...	2015-11-11 18:45:...	1 Year	Kent Youth and Fa...	$38,134	W18	TH
Seattle Rapid Re-...	2015-11-14 15:48:...	1 Year	City of Seattle H...	$486,431	W45	PH
Cottage Grove Com...	2015-11-14 22:46:...	1 Year	City of Seattle H...	$622,324	W20	PH
Coming Home	2015-11-14 19:36:...	1 Year	City of Seattle H...	$488,420	T46	TH
Mary Witt Rosa Parks	2015-11-15 08:45:...	1 Year	Compass Housing A...	$26,284	W11	TH
Kerner Scott House	2015-11-14 21:14:...	1 Year	City of Seattle H...	$443,471	W32	SH
1811 Eastlake	2015-11-14 23:35:...	1 Year	City of Seattle H...	$607,261	W12	PH
Noel House at Bak...	2015-11-14 21:01:...	1 Year	City of Seattle H...	$150,518	W16	PH
Williams Apartments	2015-11-14 20:11:...	1 Year	City of Seattle H...	$498,714	W40	PH
Homestep Scattere...	2015-11-14 21:33:...	1 Year	City of Seattle H...	$116,397	W29	TH

Canaday House	2015-11-14 23:04:...	1 Year	City of Seattle H...	$345,401	W5	PH
Scattered Site Le...	2015-11-14 20:27:...	1 Year	City of Seattle H...	$557,569	W2	PH
Aurora Supportive...	2015-11-14 23:18:...	1 Year	City of Seattle H...	$500,216	W25	PH
Rainier Supportiv...	2015-11-14 20:47:...	1 Year	City of Seattle H...	$498,492	W8	PH
Interbay Supporti...	2015-11-14 21:27:...	1 Year	City of Seattle H...	$1,215,012	W41	PH
Evans House	2015-11-14 21:59:...	1 Year	City of Seattle H...	$197,823	W14	PH
Dorothy Day House	2015-11-14 22:20:...	1 Year	City of Seattle H...	$25,422	W19	PH
Home of Hope	2015-11-14 22:57:...	1 Year	City of Seattle H...	$181,306	W24	TH
Sandpoint Youth G...	2015-11-14 20:35:...	1 Year	City of Seattle H...	$548,598	W54	TH
Martin Court	2015-11-14 21:10:...	1 Year	City of Seattle H...	$105,000	W35	TH
Ozanam 2	2015-11-14 19:42:...	1 Year	City of Seattle H...	$27,395	W21	PH
Patrick Place	2015-11-14 20:52:...	1 Year	City of Seattle H...	$136,392	W3	PH
Ozanam House	2015-11-14 20:57:...	1 Year	City of Seattle H...	$297,454	W22	PH
Nyer Urness	2015-11-14 15:23:...	1 Year	City of Seattle H...	$479,324	W4	PH
Compass Cascade W...	2015-11-14 22:53:...	1 Year	City of Seattle H...	$80,012	W23	TH
Journey Home Rapi...	2015-11-14 21:23:...	1 Year	City of Seattle H...	$510,086	W43	PH
New Beginnings Tr...	2015-11-14 21:06:...	1 Year	City of Seattle H...	$326,054	W51	TH
YWCA Opportunity ...	2015-11-14 19:47:...	1 Year	City of Seattle H...	$114,450	W13	PH
Cedar House	2015-11-14 23:10:...	1 Year	City of Seattle H...	$168,153	W38	TH
Safe Harbors HMIS	2015-11-14 20:30:...	1 Year	City of Seattle H...	$403,714	W62	HMIS
Severson Program	2015-11-16 11:52:...	1 Year	Auburn Youth Reso...	$123,286	W55	TH
My Friend's Place	2015-11-18 00:18:...	1 Year	King County Depar...	$251,744	W56	TH
Columbia Court Ap...	2015-11-16 12:55:...	1 Year	Low Income Housin...	$36,141	W58	TH
Valley Cities Lan...	2015-11-18 00:21:...	1 Year	King County Depar...	$150,986	W17	PH

VVLP Burien House	2015-11-18 00:24:...	1 Year	King County Depar...	$63,258	W52	TH
King County Rapid...	2015-11-18 00:03:...	1 Year	King County Depar...	$410,919	W44	PH
King County Shelt...	2015-11-18 00:15:...	1 Year	King County Depar...	$6,108,427	W27	PH
King County Scatt...	2015-11-18 00:05:...	1 Year	King County Depar...	$3,652,915	W42	PH
Avalon Place	2015-11-17 14:26:...	1 Year	City of Seattle H...	$32,335	W9	PH
Dove House	2015-11-17 14:04:...	1 Year	City of Seattle H...	$121,545	W47	TH
King County Shelt...	2015-11-18 00:11:...	1 Year	King County Depar...	$980,858	W26	PH
Mi Casa	2015-11-18 12:52:...	1 Year	King County Depar...	$74,613	W49	TH

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
WA-500 CoC Planning	2015-11-18 01:55:...	1 Year	King County Depar...	$871,563	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	$25,042,434
New Amount	$8,367,472
CoC Planning Amount	$871,563
UFA Costs	$0
Rejected Amount	$0
TOTAL CoC REQUEST	$34,281,469