

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: VT-500 - Vermont Balance of State CoC

1A-2 Collaborative Applicant Name: Vermont State Housing Authority

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor, Volunteer, Community Advocate
Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Steering Committee (Board)	Act as CoC governance board; develop & send written meeting agendas; conduct & record meetings; hold CoC elections & voting; public outreach to ensure diverse membership; coordinate communications, website and email list serve; solicit/collect membership dues; create & oversee all committees/special workgroups; collaborate with local county-level CoC coalitions; ensure compliance with HUD CoC regulations, notices, and NOFAs; conduct strategic planning; create legislative and other priorities; joint coordination with Collaborative Applicant & HMIS Lead on NOFA, HMIS, PIT/HIC, AHAR, etc.; organize annual VT Homeless Awareness Day; coordinate joint meeting with VT Affordable Housing Coalition, VT Council on Homelessness representation; etc.	Monthly	J.Montross-Co Chair (HOPE); K.Metras-Co Chair/J.Rossier-Secretary (NEKCA); A.Perez-Treasurer (CVCAC); W.Nichols (former homeless); P.Burke (SEVCA); J.Davis (MS); D.DeAngelis (BHA); ME.Mendl (211); S.Phillips (OEO), B.Smith (DMH); D.Blankenship (VSHA)

1C-1.2	Data Quality Management Council (HMIS)	Review & enhance HMIS data infrastructure, quality, implementation, participation and integrity of all HUD CoC and non-HUD programs; work with CoC recipients & subrecipients (APR & NOFA project applications); general HMIS support to CoC providers; develop, promote & implement HMIS Data Quality Standards; joint coordination with CoC & Collaborative Applicant in the annual PIT/HIC/NOFA/AHAR; prepare & submit AHAR, PULSE, and other HMIS reports; HMIS strategic fund planning; active NERHMIS member; joint coordination with the other Vermont CoC (Chittenden County Homeless Alliance) too improve coordination on PIT, statewide reporting, and other HMIS related activities.	Monthly	Brian Smith (VT AHS-DMH); Richard Rankin (Data Remedies); Andy Lowe (UVM)
1C-1.3	CoC NOFA Committee	Education & awareness of general CoC-system; presentations/updates to VCEH (CoC) steering committee and general membership; collaborate with Collaborative Applicant & HMIS Lead to prepare and complete HUD CoC NOFA-Consolidated Application; CoC project performance evaluation; research/develop project ranking process (policy, scoring tool, ranking team); CoC assessment & coordination with statewide partners; etc.	Monthly	Sara Kobylenski (Upper Valley Haven), Brooke Salls (Good Samaritan Haven), Amy Perez (Central VT Community Action), Brian Smith (VT Dept. of Mental Health), Daniel Blankenship (VT State Housing Authority)
1C-1.4	PIT/HIC Committee	Research/prepare annual, statewide VT Point-in-Time Count of Homeless & Housing Inventory Chart of Homeless Beds; ensure compliance with HUD regulations/guidance; develop/edit PIT surveys with detailed instructions, pamphlet, PPT presentations, virtual webinar & in-person trainings; collaborate with special population providers (veterans, youth, domestic violence, mental illness); coordinate day of count with providers & local county-level CoC coalitions; collect completed PIT surveys & provide technical assistance; manual review/organize/data entry/de-duplication of all completed PIT surveys; collect/organize program bed availability of all VT homeless beds for HIC; develop & disseminate statewide PIT report within 3 months of PIT count.	Bi-Monthly	Jeanne Montross (HOPE); Marcy Krumbine (City of Burlington); Brian Smith (VT DMH/HMIS Lead); Richard Rankin (Data Remedies/HMIS administrator); Justin Henry (CoC AmeriCorps*VISTA); Daniel Blankenship (VSHA/Collaborative Applicant)

1C-1.5	Coordinated Entry Workgroup	The VCEH Coordinated Entry Workgroup will develop/plan a coordinated intake and assessment (i.e., entry) system for the VT BoS CoC. The plan will meet all HUD requirements and address the following: How the system is accessed; How clients are assessed; How clients are assigned to a provider; How the system and services are held accountable, managed, and evaluated; Be useful and flexible – with an aim to streamline access, assessment, and referrals for housing and other services; Fit the region, population(s), culture, resource picture, provider capacity and client needs in our CoC; Be client-focused; Keep in mind the end goal of permanent housing.	Bi-Monthly	SP/PD (OEO-ESG); MEM (VT211); MM (CVOEO); BS (GSH); CF (CVCAC); RW (UVH); KW (RCWNC); DH (RCHC); AB (FHC); EE (BROC); KM (NEKCA); BS (DMH); RR (DR); EM (DCF); RD (VHCB); AW (VNADSV); JP-guest (COTS); VPS.
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1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

VT BoS CoC conducts extensive outreach to diverse/broad range of individuals/organizations to participate in committees/workgroups: active website/ monthly email postings/public meeting announcements; open meetings; new member identification/outreach; annual meeting public solicitation; active participation/voting privileges of all BoS county-level continua; Project Ranking Team outreach to non-state entities; Steering Committee outreach to ESG recipient, former homeless, diverse geographic representation; PIT/HIC Committee outreach to other VT CoC & VA/DV/Youth providers; Coordinated Assessment Committee outreach to ESG subrecipients, VT 211, and other homeless providers; HMIS Committee outreach to SSVF recipient; etc.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

Spring 2013, VT BoS CoC established a NOFA Committee with one of its duties to research & develop a policy for the CoC to review/select projects based upon objective criteria: timely draws, income/housing stability performance, program type, HMIS, PIT/PPRN, cost effectiveness, etc. Ranking/policy drafts were made publicly available & reviewed by full membership during 12/17/13 monthly CoC meeting. 12/20/13 the CoC Governing Board (CoC Steering Committee) voted to approve a Project Ranking Policy using the HUD "Hybrid Approach", other CoC priorities, a project rating tool & independent ranking team members. The policy, with all parts, was emailed to all project applicants and made available to the CoC with no written complaints submitted.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The ranking team used a CoC-approved point-system with data from APRs, LOCCS, Project Monitoring Reports, PIT/PPRN, & HMIS DQ Reports: program type, subpopulation, leverage/cash match, timely draws, data quality, entry from literal homelessness, stay/exit to PH & income/non-cash benefits. CoC Governing Board authorized additional objective factors to implement selective cuts with HUD Hybrid Approach: unit utilization, PIT/PPRN, TH stays < 2 years, CoC bed cost, service budget ratio. Indicators used to determine a project applications effectiveness with participants rapid return to PH and to take into account severity of barriers faced by project participants is assignment of higher points to specific project & subpopulation types (Permanent Housing; Chronic Homeless; Families; Youth). Also, CoC APRs (length of stays/exits to PH) reviewed annually with each subrecipient immediately following HUD submission & through individual "Project Report Cards" coordinated by Performance Committee.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

VT BoS CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions when new HUD CoC funding opportunities are available. Example: the previous three new CoC-PH Bonus funding options were made publicly available through open solicitation and a Request for Proposals process that was widely distributed to all local community continua of care, service providers, email list serve, & public meeting announcements. In preparation for FY2014 CoC NOFA for project applications, the VT BoS CoC NOFA committee will expand upon its previous success with a review of options to further expand available opportunities from entities that have not previously received funds.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/17/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted? 01/22/2014

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

Not applicable.

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

Not applicable.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC HMIS Lead (VT Agency of Human Services), HMIS Administrator (Data Remedies), and HMIS Committee (Data Quality Management Council-DQMC) collaborate to ensure full compliance with the CoC interim rule, 2010 HMIS Data Standards (CoC approved?) and related HUD notices. In December 2013, the CoC (VCEH), HMIS Lead (AHS) & Collaborative Applicant (VSHA) signed a memorandum of agreement (Governance Charter) giving formal authorization to the HMIS Lead to designate and operate a single HMIS for the geographic area; review, revise, and approve a privacy plan, security plan, and data quality plan for HMIS; ensure consistent HMIS participation of grant recipients & subrecipients; and ensure HMIS is administered in compliance with requirements prescribed by HUD. The HMIS Lead is an active member of the New England Regional HMIS Collaborative, CoC Steering Committee (Board), CoC DQMC (HMIS committee) and VT AHS HMIS Leadership Team along with ESG & PATH recipients, and other state officials.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

In December 2013, the CoC (VCEH), HMIS Lead (VT AHS) & Collaborative Applicant (VSHA) signed a memorandum of agreement (Governance Charter) giving formal authorization to the HMIS Lead to designate and operate a single HMIS for the geographic area; review, revise, and approve a privacy plan, security plan, and data quality plan for HMIS; ensure consistent HMIS participation of grant recipients/subrecipients; and ensure HMIS HUD compliance. HMIS Lead is active member of New England Regional HMIS Collaborative, CoC Steering Committee (Board), CoC DQMC (HMIS committee) and composes the VT AHS HMIS Leadership Team with ESG & PATH recipients, and other state officials. HMIS Lead & DQMC developed VT BoS CoC - 2010 HMIS Standards (reviewed by CoC general membership and approved by CoC on 2013), as well as a Privacy Plan/Security Plan. The CoC reviews all HMIS plans on a quarterly basis through the CoC DQMC & AHS HMIS Leadership Team and on an annual basis at a general membership meeting.

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

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

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

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

2B-2 Select the CoC(s) covered by the HMIS: VT-500 - Vermont Balance of State CoC
 (select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$30,572
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$30,572

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$13,000
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$13,000

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$9,000
State and Local - Total Amount	\$9,000

2B-3.4 Funding Type: Private

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

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$24,105
Other - Total Amount	\$24,105

2B-3.6 Total Budget for Operating Year	\$76,677
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2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

Not applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	0-50%
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	0-50%
* Rapid Re-Housing (RRH) beds	Housing type does not exist in CoC
* Permanent Supportive Housing (PSH) beds	65-75%

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

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

The three categories below 64% HMIS participation are currently being address through a new memorandum of agreement (Governance Charter) that formalizes authorization of VT Agency of Human Services as HMIS Lead to oversee & ensure HUD HMIS compliance. The Charter includes establishment of an AHS HMIS Leadership Team with the statewide AHS Housing Director (Angus Chaney), VT Dept. of Mental Health-PATH recipient (Brian Smith), VT Dept. of Children & Families (Richard Giddings), Office of Economic Opportunity-ESG/CSBG recipient (Paul Dragon), AHS Director of Policy & Planning (Monica Hutt), AHS IT (Becky-Jo Cyr). The Charter also authorizes the HMIS Lead to ensure full HMIS implementation, including ESG coordination. Both VT BoS CoC & Chittenden CoC currently receive HUD-funded technical assistance from the Cloudburst Group to assess a single HMIS option, with an end decision to impact how we proceed with full HMIS implementation for non-active ESG subrecipients (ES & TH).

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

The CoC, HMIS Lead & Collaborative Applicant signed a memorandum of agreement (Governance Charter) to formalize HMIS compliance & implementation. A new VT AHS HMIS Leadership Team was created, including ESG recipient (OEO-Paul Dragon). The VT BoS CoC & Chittenden CoC are currently conducting a single HMIS assessment which will determine full HMIS implementation for the ESG subrecipients (ES/TH). In 2014, the HMIS Lead will continue efforts with the VT State Housing Authority (VASH state administrator) & VA to assess HMIS implementation for VASH programs and VA GPD. The HMIS Lead is currently assessing low HMIS participation levels for ES as the direct result of full inclusion of state-funded emergency motel vouchers in the 2012 PIT/HIC.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	49
Transitional Housing	6
Safe Haven	4
Permanent Supportive Housing	10
Rapid Re-housing	0

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	4%
Date of birth	0%
Ethnicity	1%
Race	0%
Gender	0%
Veteran status	1%
Disabling condition	2%
Residence prior to program entry	2%
Zip Code of last permanent address	1%
Housing status	2%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

CoC HMIS Lead & HMIS Administrator generate Annual Performance Reports for each CoC project & sends them to each applicable individual provider agency for review and, if applicable, to address data discrepancies and improve data quality. Each CoC provider then forwards their HMIS generated ServicePoint APR to the grant recipient, if applicable, who then enters the data directly into HUD esnaps. In addition, the VT BoS CoC PIT is generated directly from HMIS after the manual data entry of survey forms is reviewed by the CoC and then submitted to HUD by the Collaborative Applicant via HUDHDX. The VT BoS CoC also submits HMIS generated data for AHAR submission as entered into HUDHDX by the CoC HMIS Administrator. The HMIS administrator also works with all individual subrecipients/grant recipients to generate unexpected required HUD reports (employment income), HMIS data for annual HUD CoC NOFA application, HUD APR changes to income questions & reporting for other programs (HHS PATH & VA).

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Bi-Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

The HMIS Lead & HMIS Administrator provides monthly HMIS updates (NERHMIS, HUD DQ notices, etc.) and periodic reports/review to the CoC Governing Board (Steering Committee) and full CoC membership. The HMIS administrator provides extensive advance trainings & technical assistance to providers throughout the year to improve data quality including: before and during each individual APR project process; upon request and after an assessment of organizations that have data quality challenges; upon staff turnover at recipient/subrecipient agencies; as part of the HMIS integration planning for VA/ESG programs; etc. In addition, data quality is reviewed regularly by the HMIS Committee (DQMC) and through a coordinated effort of the Performance Committee using HMIS generated APRs to determine the data quality measure in a "Performance Report Card". The CoC Ranking Team uses HMIS generated APR data in review of project applications.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Semi-Annually
* Using data for program management	Semi-Annually
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Information regarding accuracy of capturing participant entry and exit dates in HMIS is located on pages 11-15 of the approved VT BoS CoC HMIS Standards.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	99%	1%
Transitional Housing	0%	0%	99%	1%
Safe Havens	0%	0%	100%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

During January 2013 PIT count, VT BoS CoC and PIT Committee made a concerted/collaborative effort with the VT Agency of Human Services to successfully attain 100% bed/participant inclusion of the state-funded Emergency Motel Voucher Program (which primarily serves families); directly resulting in most, if not all, of the increase in the number of sheltered persons in ES that was not otherwise fully counted in previous years; verifiable upon review of annually HUD HIC reports. Additional factors for an increase: continued long-term closure of Section 8 HCV program waitlist at VT State Housing Authority and most municipal housing authorities, maximization of state-funded VT Rental Subsidy Program & limited alternative housing resources.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

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

2H-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

CoC PIT Committee conducted a thorough review/edit of 2013 PIT survey to ensure accuracy with detailed questions added to clarify chronic homelessness, chronic health conditions, and other indicators. The 2013 PIT survey included detailed instructions/definitions on the back in conjunction with a new 2013 PIT pamphlet to further increase accuracy. The PIT Committee developed a PIT count PPT and conducted several in-person "Train the Trainers" workshops to regional members who could ensure accuracy for local providers throughout the state. The Collaborative Applicant and Vermont 211 each answered additional individual PIT count questions from providers throughout the state. HMIS PIT data was reviewed with each provider to ensure accuracy.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input checked="" type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2I-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

The CoC/PIT Committee conducted several methods to ensure subpopulation data collected on the sheltered homeless population count during the 2013 PIT count was accurate. HMIS: trainings, technical assistance, data quality review. Provider Expertise/Interviews: revised surveys with clear subpopulation questions, detailed instructions on back of form, new guidance pamphlet, PPT presentation, and "train-the-trainer" workshops. Non-HMIS client level information: all of the above and verification of client information in agency databases to complete PIT surveys.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

Not applicable.

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

VT BoS CoC implemented the following to ensure data accuracy. Training: several "train-the-trainer" workshops conducted throughout the state, PIT PPT presentation developed & included in training, detailed instructions on back of PIT survey & new PIT count pamphlet. Follow-up: conducted by Collaborative Applicant where all PIT survey forms were collected & reviewed through email and phone calls to participating entities. HMIS: HMIS administrator & Collaborative Applicant worked with providers who submitted HMIS PIT counts to ensure non-duplication & other data accuracy. Non-HMIS de-duplication: Collaborative Applicant reviewed/sorted each PIT survey form to ensure data accuracy & eligibility (homeless vs. imminent, etc.).

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

Unsheltered households with children decreased from 2012 (41) to 2013 (26) primarily due to a high utilization of the VT AHS Emergency Motel Voucher Program (see explanation above for increased Sheltered count). Increased unsheltered count for unaccompanied youth from 0 (2012) to 5 (2013) due to increased homeless youth outreach and enhanced collaboration between CoC and VT Coalition for Runaway & Homeless Youth. Increased unsheltered count for households without children from 2012 (60) to 2013 (100) due to increased local outreach by Pathways to Housing VT (using Housing First model), PATH providers, and others; and delayed issuance of VSHA Shelter Plus Care rental subsidies due to federal fiscal uncertainties.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

VT BoS CoC implemented several measures to ensure data accuracy of UNSHELTERED count. Public places (almost all conducted with interviews) & Service-based counts: VT 211, Community Actions, Pathways to Housing VT (using Housing 1st model), PATH subrecipients, and other homeless & non-homeless providers conducted count using skills attained through VT BoS CoC provided "train-the-trainer" workshops, PIT PPT, revised survey with detailed instructions on back & new pamphlet. Agencies using a service-based count completed forms with information previously entered in databases for persons they knew were unsheltered on night of count. HMIS count data was ensured for accuracy through de-duplication, data quality review & follow-up with providers.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

Not applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

Not applicable.

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

VT BoS CoC implemented several measures to ensure data accuracy of UNSHELTERED & SHELETERED count. Training: provided by VT BoS CoC & Chittenden CoC with "train-the-trainer" workshops & CoC PPT presentation. Unique Identifier: survey form with unique identifier questions (1st letter of first name, 1st letter of last name, 3rd letter of last name, date/month/year of birth). Survey question: 2013 PIT surveys revised to ensure data accuracy (Where did you stay on the night of Tuesday, January 29th?; What is your immediate housing need; Have you resided in a place of Literal Homelessness continuously for a year or more; How many episodes of Literal Homelessness in past three (3) years?; If a Health Condition, does this limit your ability to...?).

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		278	191	217
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	9	9	9	9
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		36	8	27
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	10

**3A-1.2 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.
(limit 1000 characters)**

100% of CoC-funded PSH beds in VT BOS, upon turnover, will be prioritized for use by the chronically homeless with the August 2012 VT State Housing Authority-Shelter Plus Care (S+C) Program "Subsidy Allocation" Policy to prioritize serving CH; and the December 2013 policy implementation by the Brattleboro Housing Authority, subrecipient agencies, and local county-level CoC to prioritize CH beds upon turnover. VSHA S+C subrecipient agency (Pathways to Housing VT) currently uses the Housing First Model, and PATH providers, to conduct extensive street and shelter outreach to locate CH persons. Other than the current three Shelter Plus Care Bonus Projects (9 units) or potential future CoC-PSH Bonus availability, the VT BoS CoC does not intend to dedicate any new additional beds to only serve the chronically homeless due to the limitations of utilizing S+C subsidies in a large, rural geographic area and the recent 100% implementation to prioritize all turnover beds to serve CH.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

VT State Housing Authority (K. Berk/D. Blankenship), as Shelter Plus Care recipient-BOS statewide & CoC Collaborative Applicant, and Brattleboro HA (D. DeAngelis), as SPC recipient-Windham County, will be responsible for increasing number of PSH beds for CH persons. Both VSHA & BraHA are members of CoC Governing Board. The following Shelter Plus Care subrecipient agencies will also be responsible to ensure an increase in PSH beds for CH persons: Pathways to Housing VT (CH only & Housing First), Upper Valley Haven (CH only), Bennington Coalition for the Homeless, Brattleboro Area Drop-In Center, Clara Martin Center, Counseling Service of Addison County, Helping to Overcome Poverty's Effects, Lamoille Community Mental Health, Morningside House, NE Kingdom Human Services, NW Counseling & Support Services, Rutland County Housing Coalition, Rutland Mental Health, Samaritan House, Springfield Supportive Housing Program, United Counseling Services, VT CARES, Washington County Mental Health.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	307	260	260
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	291	247	247
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	95%	95%	95%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The VT Coalition to End Homelessness (VT BoS CoC primary decision-making group) will expand upon its past success with a two year VT BoS CoC Housing Stability Plan. The Plan will start with a report from the two CoC-PSH funded grant recipients on current projects, activities, policies/protocol, measures, and data provided to the CoC general membership during the April 2014 meeting. In May 2014, the Steering Committee (Board) will review data of all CoC-funded subrecipient APRs to determine trends and performance. June-August 2014: CoC will continue its collaborative work with the other VT CoC as part of the joint Performance Committee which will expand upon its Performance Report Cards and Workshop (2013). September 2014: Steering Committee will review new APR data. September-October 2014: Performance Committee will coordinate a Housing Stability Workshop (see 3A-2.4).

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

VT BoS CoC & Governing Board (Steering Committee) are responsible for leading effort to increase rate of housing stability in CoC-funded projects, especially PSH. Performance Committee will feature housing stability trainings as an extension of its success over the last year, in addition to increasing income & mainstream benefits. All VT BoS CoC Shelter Plus Care recipients (VSHA-Kathleen Berk/Daniel Blankenship; BraHA-David DeAngelis) & subrecipient agencies (see list in answer to question 3A-1.3) will be responsible for increasing rate of housing stability on programmatic & client-levels. In addition, the VT Agency of Human Services will assist to increase rate of housing stability in CoC-funded and non-CoC funded projects through the VT Dept. of Mental Health (Brian Smith) & VT Office of Economic Opportunity (Paul Dragon/Sarah Phillips). Whitney Nichols (former homeless/board member) will provide continued advocacy of the SAMSHA PSH Evidence-Based Toolkit and Housing First model.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?			
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?			

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income			%
Unemployment Insurance			%
SSI			%

SSDI			%
Veteran's disability			%
Private disability insurance			%
Worker's compensation			%
TANF or equivalent			%
General Assistance			%
Retirement (Social Security)			%
Veteran's pension			%
Pension from former job			%
Child support			%
Alimony (Spousal support)			%
Other Source			%
No sources			%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

VT BoS CoC & Governing Body (Steering Committee) will expand upon its past success through an extension of substantial efforts made by the Performance Committee and accompanying workshops with actual project client data, best practices and open dialogue between diverse stakeholders (mental health providers, low-income/homeless providers, housing agencies, state agencies, etc.). To increase income from non-employment sources, the CoC will rely primarily on the continued support of the VT Dept. of Mental Health with coordinating additional SOAR trainings to access SSDI/SSI. In addition, the CoC will conduct outreach to the VT Agency of Human Services to enhance and incorporate TANF (Reach-Up) trainings into the Performance Committee workshops as an additional substantial factor to increase non-employment income. The VT BoS CoC Ranking Team will review APR data for all projects, including CoC-PSH, to ensure non-employment goals are met for all new and renewing CoC project applications.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

VT BoS CoC & Governing Body (Steering Committee) will expand upon its past success through an extension of substantial efforts made by the Performance Committee and accompanying workshops with actual project client data, best practices and open dialogue between diverse stakeholders (mental health providers, low-income/homeless providers, housing agencies, state agencies, etc.). To increase income from employment sources, the CoC will rely primarily on continued support & collaboration with Vermont VocRehab, Vermont Associates and extensive life skills trainings provided by subrecipients for project participants. The VT BoS CoC Ranking Team will review APR data for all projects, including CoC-PSH, to ensure employment income goals are met for all new and renewing CoC project applications.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

VT BoS CoC & Governing Body (Steering Committee) will be responsible for increasing rate of project participants in all CoC-funded projects that increase income from entry date to program exit. Performance Committee will be responsible for reviewing data & developing workshops with project client data, best practices & open dialogue between diverse stakeholders (mental health providers, low-income/homeless providers, housing agencies, state agencies, etc.). VT Dept. of Mental Health (Brian Smith) will be responsible for the provision of coordinating additional SOAR trainings to access SSDI/SSI. VT Agency of Human Services will be responsible for trainings & enhancement of TANF (Reach-Up), VT VocRehab, etc. County-level continua will be responsible for vocational trainings & developing local partnerships with businesses. VT BoS CoC Ranking Team will review APR data for all projects, including CoC-PSH, to ensure all income goals are met for all new/renewing CoC project applications.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 389 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	82%	83%	85%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	258	66.32 %
MEDICAID health insurance	178	45.76 %
MEDICARE health insurance	38	9.77 %
State children's health insurance	8	2.06 %
WIC	20	5.14 %

VA medical services	0		%
TANF child care services	10	2.57	%
TANF transportation services	5	1.29	%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	7	1.80	%
Other Source	13	3.34	%
No sources	70	17.99	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

VT BoS CoC & Governing Body (Steering Committee) will increase percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit through expanded coordination with Performance Committee to review APR data & offer additional workshops with best practices & open dialogue between diverse stakeholders. Through APR review & technical assistance, CoC-funded recipients will assist subrecipient agencies understand data & ensure all project participants apply, send & follow-up with 3SquareVT (SNAP), Reach Up (TANF), Medicaid, Fuel Assistance, etc. through a combined online application via VT AHS "Screen Door" portal; and VT Health Connect for health insurance. County-level continua will coordinate local trainings & partnerships, including with Hunger Free VT & DCF. VT BoS CoC Ranking Team will review APR data for all projects to ensure all mainstream benefits goals are met for all new and renewing CoC project applications.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

VT BoS CoC & Governing Body (Steering Committee) will increase percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit through expanded coordination with Performance Committee to review APR data & offer additional workshops with best practices & open dialogue between diverse stakeholders. Through APR review & technical assistance, CoC-funded recipients will assist subrecipient agencies understand data & ensure all project participants apply, send & follow-up with 3SquareVT (SNAP), Reach Up (TANF), Medicaid, Fuel Assistance, etc. through a combined online application via VT AHS "Screen Door" portal; and VT Health Connect for health insurance. County-level continua will coordinate local trainings & partnerships, including with Hunger Free VT & DCF. VT BoS CoC Ranking Team will review APR data for all projects to ensure all mainstream benefits goals are met for all new and renewing CoC project applications.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	10
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	0	0
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	20	30

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

VT BoS CoC conducted a thorough feasibility determination (January 2013-December 2013) to reallocate all three current SSO projects into CoC-RRH for Families projects, with two SSO projects doing so for the FY2013 CoC NOFA competition with a start date of 9/1/14; with data reflected in the 2015 PIT/HIC, but not HMIS APRs until the FY2016 NOFA. A third SSO project not ready to reallocate in FY2013 CoC NOFA, is guaranteed to do so in FY2014 with a start date of 9/1/15. In 2014, the CoC will also assess potential reallocation of CoC-Transitional Housing projects into RRH-Families projects. In addition, the State of VT-Agency of Human Services administers the VT Rental Subsidy Program that operates as a RRH-Families project funded with State General Funds. In preparation for state budget negotiations the VT Governor announced in January 2014 his steadfast support to double funding for the VT Rental Subsidy Program as part of a concerted effort to reduce poverty in the state.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Several organizations and committees will be responsible for assessing and increasing the number households with children that are assisted through rapid re-housing in the CoC geographic area through both CoC-funded and non-CoC funded RRH for Families projects: VT BoS CoC Governing Board-Steering Committee (Jeanne Montross/Kathy Metras-Chairs, VCEH), CoC NOFA Committee (Sara Kobylenski-Chair, Upper Valley Haven), CoC Collaborative Applicant (Kathleen Berk/Daniel Blankenship, VT State Housing Authority), the VT Agency of Human Services (Angus Chaney-Central Office, Paul Dragon/Sarah Phillips-Office of Economic Opportunity, Brian Smith-Dept. of Mental Health), and the remaining SSO project to be reallocated to RRH-Families in the FY2015 CoC NOFA (Jan Rossier-NE Kingdom Community Action).

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

As project applicant, VT State Housing Authority is developing a CoC-RRH Policy, along with subrecipient agencies, to require 100% of household families entering the program come from places of literal homeless (streets or shelter programs). The two subrecipient homeless providers will provide application referrals for households staying in, but not limited to: VT AHS Emergency Motel Voucher Program, Morningside Shelter, Rutland & Brattleboro DV Shelters; as well as households staying in places not meant for human habitation through VT 211, Community Actions, Housing Solutions/AHS Field Directors (Brattleboro & Rutland), Rutland & Brattleboro Family Centers, VT DCF Reach-Up (TANF), Rutland & Brattleboro Police Departments, etc. VT State Housing Authority will process CoC-RRH applications to determine eligibility, including percentage of income (30% maximum) paid by each participant household for rent in accordance with established HUD Sect. 8 Housing Choice Voucher Program regulations.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

The VT BoS CoC does not currently include any CoC-funded RRH projects. In preparation for the reallocated new project, anticipated effective date of 9/1/14, the grant applicant (VT State Housing Authority) is working with the two subrecipient agencies to establish protocols for coordinated entry and case management to ensure homeless families, with or without disabilities, move as quickly as possible into permanent housing & achieve stability in that housing. Frequency of case management will be flexible and dependent upon the individualized needs of each family household with minimum monthly visits available and up to once per week as determined by each household through the use of a Self-Sufficiency Outcomes Matrix (attached to project application).

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

Yes, VSHA CoC-funded RRH subrecipient providers will offer & provide case management to family households for at least six months after exit from the program in accordance with successful best practices currently implemented by the providers for their respective existing Supportive Services Only projects. Upon project entry, all CoC-funded RRH participants will be assisted to identify medium-term and long-term measures to increase income through employment and/or non-employment income and/or apply for subsidized housing assistance. All participants will also be assisted with applying for mainstream benefits and other resources to increase long-term sustainable permanent housing. In addition, the CoC-funded RRH projects will conduct follow-up care using current successful models of one-month, three-month and 6-month check-ins to ensure long-term success.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

**3B-1.1a If other, please explain.
(limit 750 characters)**

Not applicable.

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Part of 2013 Memorandum of Agreement between CoC, AHS & VSHA establishes a State & CoC policy in accordance with 10-Year VT Plan to End Homelessness goal to ensure person are not routinely discharged into homelessness from foster care. Two primary supports prevent routine discharges into homelessness: Youth Development Program (Chafee Foster Care Independence Program) & Act 74 Youth in Transition Extended Care Program both run by AHS-DCF to support former foster care youth with case management & connection to VSHA Sect. 8/Youth-in-Transition. VT Coalition of Runaway & Homeless Youth Programs administer Basic Center Program/Transitional Living Programs to help youth (16-22 y.o.) transition to self-sufficiency with group housing/apartment subsidies, while completing their education/vocational training. VT Education for Homeless Children & Youth Program (McKinney-Vento Act/No Child Left Behind Act) ensures homeless students have equal access to same free, appropriate, public education.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

State of Vermont Agency of Human Services-Dept. of Children & Families (Dana Lawrence/Cindy Wolcott); VT Agency of Education-Education for Homeless Children & Youth Program (Andy Snyder); VT Coalition of Runaway & Homeless Youth Programs (Calvin Smith) & participating agencies (Addison County Parent/Child Center, Clara Martin Center, Counseling Service of Addison County, Lamoille Family Center, NE Kingdom Community Action, NE Kingdom Youth Services, NW Counseling & Support Services, Spectrum Youth & Family Services, United Counseling Service of Bennington County, Vermont Achievement Center, Washington County Youth Service Bureau, Windsor County Youth Services, Youth Services, Inc.); VT State Housing Authority (Family Unification Program-Youth in Transition); VT Coalition to End Homelessness (VT BoS CoC and local county-level continua); VT Agency of Human Services-VT Council on Homelessness (Angus Chaney-Director of Housing).

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-2.1a If other, please explain.
(limit 750 characters)

Not applicable.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

In 2013, several local county-level continua continued outreach to health care providers with a community assessment of discharge planning. An approved statewide 10-Year VT Plan to End Homelessness includes a goal to create an accountability system to ensure all institutions, including health care, do not routinely discharge people into homelessness or homeless program. To prevent routine discharges into homelessness, persons leaving nursing homes exit to the care of families/friends or subsidized housing with help of Money Follows the Person Program (Medicaid Waiver demonstration) which honors individual choice in support of successful housing transitions. Cathedral Square Corporation administers the VT Support and Services at Home Program to fill both non-medical & social needs of seniors in their homes which directly impacts housing conditions; a peer exchange on 9/2/13 was supported by Housing Assistance Council, HUD, People's United Bank Foundation & Atlantic Philanthropies.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Vermont Dept. of Federal Regulation (formerly known as BISCHA) oversees all medical hospitals; medical facilities (North Country Hospital & Health Center, SW VT Medical Center, Porter Medical Center, Copley Hospital, Brattleboro Memorial Hospital, Central VT Medical Center, etc.); VT Dept. of Disabilities, Aging & Independent Living-Money Follows the Person Program (Linda Martinez); Cathedral Square Corporation-Support and Services at Home Program (Nancy Eldridge); VT Coalition to End Homelessness (VT BoS CoC, local county-level continua, and homeless/other service providers); VT Agency of Human Services-VT Council on Homelessness (Angus Chaney-Director of Housing).

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-3.1a If other, please explain. (limit 750 characters)

Not applicable.

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Part of 2013 Memorandum of Agreement between CoC, AHS & VSHA enhances a long-standing State policy in accordance with 10-Year VT Plan to End Homelessness goal to ensure person are not routinely discharged into homelessness from a mental health institution. Created in 2012, the VT AHS-Dept. of Mental Health-Subsidy & Care Program continues to target state-funded rental assistance, in combination with services provided by sponsor agencies, to serve otherwise homeless persons in hospitals to ensure a successful discharge into housing, not homelessness or a homeless program. AHS-DMH also provides substantial state-funding to Designated Mental Health Agencies through a MH Housing Contingency/Recovery Fund to support one-time housing-related costs and/or ongoing rental assistance. In addition, VT BoS CoC & CoC recipients/subrecipients receive extensive notices, education & training from the Collaborative Applicant to ensure persons are not routinely discharged into homelessness.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Vermont Agency of Human Services; VT AHS-Dept. of Mental Health; VT Council on Homelessness (Angus Chaney-AHS Director of Housing); Designated Mental Health Agencies; Vermont Council of Developmental and Mental Health Services; VT Psychiatric Survivors; NAMI-VT; Another Way; Pathways to Housing VT; VT Coalition to End Homelessness (VT BoS CoC, local county-level continua, and homeless/other service providers); VT State Housing Authority (DMH Subsidy & Care Program rental assistance administrator).

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-4.1a If other, please explain. (limit 750 characters)

Not applicable.

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Part of 2013 Memorandum of Agreement between CoC, AHS & VSHA enhances a clear and long-standing State policy and mandate in accordance with 10-Year VT Plan to End Homelessness goal to ensure person are not routinely discharged into homelessness from corrections. The State of Vermont has provided substantial funding to prevent discharges into homelessness through the continued state-funded support of the VT AHS-Dept. of Corrections-Transitional Housing Program that provides medium-term housing, extensive case management and treatment care.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Vermont Agency of Human Services; VT AHS-Dept. of Corrections; VT Council on Homelessness (Angus Chaney-AHS Director of Housing); DOC-Transitional Housing recipient agencies: CVCAC, Return House, Barre CJC, Phoenix House, BCH, Seall, Morningside House, Pathways to Housing VT, Northern Lights, Dismas House, Covered Bridge, NEKCA, Montpelier CJC, Rutland County Housing Coalition, Springfield Supported Housing, Springfield CJC, Samaritan House, St. Albans CJC, John Graham Shelter, Winooski CJC, East Allen Dismas House, BROCC, Burlington Housing Authority, Vermont Achievement Center, Community Resources of Justice; VT Coalition to End Homelessness (VT BoS CoC, local county-level continua, and homeless/other service providers).

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

ATTENTION: ADDITIONAL INPUT NEEDED FROM VCEH/PROVIDERS/STATE. Examples: Ready to Rent Life Skills, Financial Literacy Programs, ESG prevention, support for children/youth in schools, DV prevention, Substance Abuse prevention, specific education and vocational training programs, housing trainings/partnership/referrals, accessing mainstream resources (SOAR/health insurance/3SquaresVT/Section 8 Vouchers/etc.). To be completed before HUD submission.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

ATTENTION: ADDITIONAL INPUT NEEDED FROM VCEH/PROVIDERS/STATE. Work in progress. To be completed before HUD submission.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

ATTENTION: ADDITIONAL INPUT NEEDED FROM VCEH/PROVIDERS/STATE. Work in progress. To be completed before HUD submission.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

ATTENTION: ADDITIONAL INPUT NEEDED FROM VCEH/PROVIDERS/STATE. HUD priority goal to monitor recidivism through HMIS, but what other current efforts are happening in VT?

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, 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 1000 characters)

Not applicable.

3C-16 Has the project been impacted 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 2013 CoC Program Competition? No

3C-16.1 If 'Yes', 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)

Not applicable.

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

ADDITIONAL COC INPUT NEEDED. Work in progress. To be completed before HUD submission.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

Work in progress. To be completed before HUD submission.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

In 1981, Vermont formed a coalition of runaway and homeless youth programs to create a statewide safety net for unaccompanied youth. Today, 14 member agencies of the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) provide Basic Center Program emergency shelter and supports for youth under age 18, and Transitional Living Programs to help youth ages 16-22 transition to self-sufficiency through group housing or apartment subsidies, while completing their education or vocational training. Basic Center Program and Transitional Living Program services are supported by three federal grants from the Family Youth Service Bureau and a contract with the Vermont Department for Children and Families. In addition, 6 VCRHYP sites receive HUD funding to support housing and support services for their transitional living programs. Each of the 14 members of the Coalition participates in their regional COC, and participates in the annual one night count of homeless youth.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

ADDITIONAL INPUT DESIRED: Work in progress. To be completed before HUD submission.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)**

ADDITIONAL INPUT DESIRED: Work in progress. To be completed before HUD submission.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? Yes

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons. (limit 1000 characters)

The VT State Housing Authority-Shelter Plus Care Program (August 2012) and the Brattleboro Housing Authority-Shelter Plus Care Program (December 2013) have both implemented policies to prioritize all new beds upon turnover to serve chronic homeless households as part of their tenant-based rental assistance. Due to the funding availability of these combined programs, and demand exhibited to date, these programs provide more than sufficient rental assistance to serve & end chronic homelessness in VT. The VT BoS CoC also includes three individual sponsor-based rental assistance Shelter Plus Care projects targeted to only serve chronic homeless households. During the FY2013 NOFA, the VT BoS CoC voted to reallocate the required 5% reduction towards a Shelter Plus Care SRA project dedicated to only serve chronically homeless, with 2014 seeing an assessment to reallocate additional CoC-funded Transitional Housing projects into PSH-CH projects and/or RRH-Families.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide 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)

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
This list contains no items				

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$0
Amount requested for new project(s):	
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

Work in progress. To be completed before HUD submission. Examples: CoC Performance Committee and workshops; APR review and site visits with each VSHA subrecipient agency; CoC-approved performance and priorities; CoC Ranking Team and tool with performance measures.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

Work in progress. To be completed before HUD submission.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

Work in progress. To be completed before HUD submission.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

ADDITIONAL COC INPUT NEEDED: Work in progress. To be completed before HUD submission.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

ADDITIONAL COC INPUT NEEDED: Work in progress. To be completed before HUD submission.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1000 characters)

ADDITIONAL COC INPUT NEEDED: Work in progress. To be completed before HUD submission. Examples: Formal support of Housing First model and outreach; Vermont 211 referral process; etc.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

Not applicable.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons: None of the above

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	
* Homeless assistance providers use a single application form for four or more mainstream programs.	
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

COC AND OTHER INPUT NEEDED. Work in progress. Will be completed before HUD submission.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

Work in progress. Will be completed before HUD submission.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Con Plan Certific...	01/14/2014
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No		
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	FY2013 GIW approv...	01/14/2014
FY2013 Rank (from Project Listing)	No		
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

Document Description: Con Plan Certification

Attachment Details

Document Description: CoC and HMIS Governance Agreement

Attachment Details

Document Description: CoC and HMIS Governance Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: FY2013 GIW approved - VT BoS CoC

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/14/2014
1C. Committees	01/15/2014
1D. Project Review	01/15/2014
1E. Housing Inventory	01/13/2014
2A. HMIS Implementation	01/13/2014
2B. HMIS Funding Sources	01/13/2014
2C. HMIS Beds	01/13/2014
2D. HMIS Data Quality	01/15/2014
2E. HMIS Data Usage	01/13/2014
2F. HMIS Policies and Procedures	01/13/2014
2G. Sheltered PIT	01/15/2014
2H. Sheltered Data - Methods	01/15/2014
2I. Sheltered Data - Collection	01/15/2014
2J. Sheltered Data - Quality	01/15/2014
2K. Unsheltered PIT	01/16/2014
2L. Unsheltered Data - Methods	01/16/2014
2M. Unsheltered Data - Coverage	01/13/2014
2N. Unsheltered Data - Quality	01/15/2014
Objective 1	01/15/2014
Objective 2	01/15/2014
Objective 3	Please Complete
Objective 4	01/15/2014
Objective 5	01/15/2014
3B. CoC Discharge Planning: Foster Care	01/16/2014
3B. CoC Discharge Planning: Health Care	01/15/2014

3B. CoC Discharge Planning: Mental Health	01/16/2014
3B. CoC Discharge Planning: Corrections	01/15/2014
3C. CoC Coordination	01/16/2014
3D. Strategic Plan Goals	01/16/2014
3E. Reallocation	01/16/2014
3F. Grant(s) Eliminated	No Input Required
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	Please Complete
3I. Balance Summary	No Input Required
4A. Project Performance	01/16/2014
4B. Employment Policy	01/16/2014
4C. Resources	Please Complete
Attachments	01/14/2014
Submission Summary	No Input Required

Notes:

3H. New Project(s) list must include at least 1 item(s).

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Vermont State Housing Authority

Project Name: Multiple - see attached

Location of the Project: Multiple - see attached list; Vermont Balance of State Continuum of Care coverage area

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program 2013 NOFA

Name of Certifying Jurisdiction: Vermont Department of Housing & Community Development

Certifying Official of the Jurisdiction Name: Noelle MacKay

Title: Commissioner

Signature: 

Date: January 14, 2013

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC) 2013 HUD Continuum of Care NOFA Projects Listing

FY2012 GRANT NUMBER: VT0013L1T001205
GRANT PERIOD: 05/01/13-04/30/14
RECIPIENT: Brattleboro Housing Authority
MAXIMUM FY13 ARA: \$220,381.00
PROJECT NAME: Brattleboro Shelter Plus Care
PROGRAM TYPE: Tenant-based Rental Assistance (Scattered Site Apts.-BraHA coverage area)
POPULATION SERVED: Homeless Individuals & Families with a Serious Mental Illness, Chronic Substance Abuse, Co-Occurring Disorder, HIV/AIDS, and People with Other Chronic Disabilities and/or Diseases
SPONSOR ORGANIZATIONS: Morningside Shelter, Brattleboro Area Drop In Center, and Health Care & Rehabilitation Services
PROJECT ADDRESS: 224 Melrose Street, P.O. Box 2275, West Brattleboro, VT 05303

FY2012 GRANT NUMBER: VT0004L1T001205
GRANT PERIOD: 02/01/13-01/31/14
GRANT RECIPIENT: Helping to Overcome Poverty's Effects, dba ACCAG
MAXIMUM FY13 ARA: \$147,808.00 (less CoC cut)
PROJECT NAME: Hill House Transitional Housing
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Helping to Overcome Poverty's Effects, dba ACCAG
PROJECT ADDRESS: 290 Route 7 North, Middlebury, VT 05753

FY2012 GRANT NUMBER: VT0001L1T001205
GRANT PERIOD: 03/01/13-02/29/14
GRANT RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$124,462.00 (less CoC cut)
PROJECT NAME: 174 North Main Transitional Housing
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Northwestern Counseling & Supportive Services
PROJECT ADDRESS: 174 North Main Street, St. Albans, VT 05478

FY2012 GRANT NUMBER: VT0017L1T001205
GRANT PERIOD: 03/01/13-02/29/14
GRANT RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$63,928.00 (less CoC cut)
PROJECT NAME: McCall Street Transitional Housing (formerly Six Bank Street)
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals & Families
SPONSOR ORGANIZATION: Bennington Coalition for the Homeless
PROJECT ADDRESS: 111 – 115 ½ McCall Street, Bennington, VT 05201

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VT Balance of State Continuum of Care (VT BoS CoC)
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FY2012 GRANT NUMBER: VT0012L1T001205
GRANT PERIOD: 11/01/13-10/31/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$151,650.00 (less CoC cut)
PROJECT NAME: Safe Haven
PROGRAM TYPE: Safe Haven
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Clara Martin Center
PROJECT ADDRESS: 4 Highland Avenue, Randolph, VT 05060

FY2012 GRANT NUMBER: VT0003L1T001205
GRANT PERIOD: 02/01/13-01/31/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$71,236.00 (less CoC cut)
PROJECT NAME: Transitional Housing (Scattered Site Apts.)
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals & Families
SPONSOR ORGANIZATION: Good Samaritan Haven
PROJECT ADDRESS: 105 North Seminary Street, P.O. Box 1104, Barre, VT 05641

FY2012 GRANT NUMBER: VT0005L1T001205
GRANT PERIOD: 06/01/13-05/31/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$30,572.00
PROJECT NAME: Homeless Management Information Systems (HMIS)
PROGRAM TYPE: Homeless Management Information Systems (HMIS)
SPONSOR ORGANIZATION: VT Agency of Human Services-Dept. of Mental Health
PROJECT ADDRESS: 26 Terrace Street, Montpelier, VT 05602

FY2012 GRANT NUMBERS: VT0006L1T001205/VT0011L1T001205
GRANT PERIOD: 09/1/14-08/31/15 (new grant period)
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$94,538.00 (\$56,582-MS/\$37,956-RCHC)
PROJECT NAME: Rapid Re-Housing/Families (FY2013 new, reallocated grant combining two Supportive Service Only projects with separate budgets within one grant.)
PROGRAM TYPE: CoC Permanent Housing-Rapid Re-Housing/Families
POPULATION SERVED: Homeless Families
SUBRECIPIENT ORGANIZATION: Morningside Shelter/ Rutland County Housing Coalition
PROJECT ADDRESS: 81 Royal Road, Brattleboro, VT 05302/46 Evelyn Street, Suite 201, Rutland, VT 05701

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VT Balance of State Continuum of Care (VT BoS CoC) 2013 HUD Continuum of Care NOFA Projects Listing

FY2012 GRANT NUMBER: VT0007L1T001205
GRANT PERIOD: 03/01/13-02/29/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$73,007.00 (less CoC cut)
PROJECT NAME: Supportive Services Only
PROGRAM TYPE: Supportive Services Only
POPULATION SERVED: Homeless Youth, Individuals & Families
SPONSOR ORGANIZATION: Northeast Kingdom Community Action
PROJECT ADDRESS: 115 Lincoln Street, St. Johnsbury, VT 05819

FY2012 GRANT NUMBER: VT0008L1T001205
GRANT PERIOD: 04/01/13-03/31/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$57,005.00
PROJECT NAME: Youth Transitional Housing
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Youth (18-25)
SPONSOR ORGANIZATION: Northeast Kingdom Community Action
PROJECT ADDRESS: 216 Hill Street, Newport, Vermont 05855

FY2012 GRANT NUMBER: VT0009L1T001205
GRANT PERIOD: 03/01/13-02/29/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$92,178.00 (less CoC cut)
PROJECT NAME: Transitional Housing
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Northeast Kingdom Human Services
PROJECT ADDRESS: 72 Seymour Lane, Newport, VT 05855

FY2012 GRANT NUMBER: VT0010L1T001205
GRANT PERIOD: 07/01/13-06/30/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$39,269.00
PROJECT NAME: Overlook House
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals & Families
SPONSOR ORGANIZATION: Twin Pines Housing Trust
PROJECT ADDRESS: 36 Overlook Street, White River Junction, VT 05001

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FY2012 GRANT NUMBER: VT0024L1T001204
GRANT PERIOD: 04/1/13-03/31/14 (potential extension)
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$1,413,606.00
PROJECT NAME: Shelter Plus Care – Statewide
PROGRAM TYPE: Tenant-based Rental Assistance (Scattered Site Apts.)
POPULATION SERVED: Homeless Individuals & Families with a Serious Mental Illness, Chronic Substance Abuse, Co-Occurring Disorder, HIV/AIDS, and People with Other Chronic Disabilities and/or Diseases
SPONSOR ORGANIZATIONS: Vermont CARES, Pathways Vermont, Health Care & Rehabilitation Services, Springfield Supported Housing Program, Washington County Mental Health Services, Rutland Mental Health Services, Clara Martin Center, Lamoille Community Connections, NW Counseling & Support Services, Samaritan House, NE Kingdom Human Services, United Counseling Services of Bennington County, Counseling Services of Addison County, Helping to Overcome Poverty's Effects, Bennington Coalition for the Homeless, and the Rutland County Housing Coalition.
PROJECT ADDRESS: One Prospect Street, Montpelier, VT 05602

FY2012 GRANT NUMBER: VT0026C1T000900
GRANT PERIOD: 08/26/10-08/25/15
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$120,780.00
PROJECT NAME: Shelter Plus Care - PH Bonus
PROGRAM TYPE: Sponsor-based Rental Assistance (Scattered Site Apts.-Washington County)
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Pathways to Housing Vermont
AGENCY OFFICE ADDRESS: 1233 Shelburne Rd, Suite D4, So. Burlington, VT 05403

FY2012 GRANT NUMBER: VT0032C1T001000
GRANT PERIOD: 08/05/11-08/04/16
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$128,400.00
PROJECT NAME: Shelter Plus Care - PH Bonus
PROGRAM TYPE: Sponsor-based Rental Assistance (Scattered Site Apts.-Windsor County)
POPULATION SERVED: Homeless Individuals & Families with a Serious Mental Illness, Chronic Substance Abuse, Co-Occurring Disorder, HIV/AIDS, and People with Other Chronic Disabilities and/or Diseases
SPONSOR ORGANIZATION: Upper Valley Haven
PROJECT ADDRESS: 713 Hartford Avenue, White River Junction, VT 05001

FY2012 GRANT NUMBER: VT0034C1T001100
GRANT PERIOD: 8/21/12-8/20/17
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$126,720.00
PROJECT NAME: Shelter Plus Care - PH Bonus
PROGRAM TYPE: Sponsor-based Rental Assistance (Scattered Site Apts.-Washington County #2)
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Pathways to Housing Vermont
AGENCY OFFICE ADDRESS: 1233 Shelburne Rd, Suite D4, So. Burlington, VT 05403

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VT Balance of State Continuum of Care (VT BoS CoC) 2013 HUD Continuum of Care NOFA Projects Listing

FY2012 GRANT NUMBER: New 2013 CoC NOFA Permanent Housing Bonus Application
GRANT PERIOD: 1-year Term (2014-2015)
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$129,419
PROJECT NAME: Shelter Plus Care – Chronic Homeless (5% reallocation)
PROGRAM TYPE: Sponsor-based Rental Assistance (Scattered Site Apts.-Rutland County)
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Pathways to Housing Vermont
AGENCY OFFICE ADDRESS: 1233 Shelburne Rd, Suite D4, So. Burlington, VT 05403

FY2012 GRANT NUMBER: New 2013 CoC NOFA Planning Application
GRANT PERIOD: 1-year Term (2014-2015)
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$32,355
PROJECT NAME/TYPE: VT BoS CoC Planning Project
ACTIVITIES FUNDED: Coordination Activities, Project Evaluation, Project Monitoring Activities, Participation in Consolidated Plan, CoC Application Activities, Determining Geographical Area to Be Served by the CoC, Developing a CoC System, and HUD Compliance Activities.
SPONSOR ORGANIZATION: Vermont State Housing Authority
PROJECT ADDRESS: 1 Prospect Street, Montpelier, VT 05602