

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: IA-501 - Iowa Balance of State CoC

1A-2 Collaborative Applicant Name: Iowa Finance 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? Bi-Monthly

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

IB-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, 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? | No |
| 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 | Continuum of Care Committee | Assists in the development and maintenance of the statewide CoC program. Committee members participate in the completion of the Balance of State CoC application to HUD and support the development of local and regional continuum of care boards in communities across the state. This committee also oversees the monitoring of performance of CoC applicants during the program year around their stated objectives. | Bi-Monthly | Zeb Beilke-McCallum (Chair), Barb Kellogg, Cliff Heckman, Kristine Harris, Michael Witt, Jeremy Babcock, Reginald Schmitt |
| 1C-1.2 | Research and Analysis Committee | Oversees the completion of the annual Point-in- Time Count conducted the last week in January, is responsible for facilitating the collection of demographic data on homelessness in Iowa and anecdotal information on the causes of homelessness, and producing the annual report on homelessness in Iowa, which is provided to the governor, legislature and the general public, and which this year is being developed into an online database searchable by county and by year. Also engaged in current efforts to bring additional agencies into the HMIS network to improve statewide data and reporting. | Bi-Monthly | David Hagen (Interim Chair), Jane Erickson, Ann Hearn, Julie Bockenstedt, Rick Schloemer |

| | | | | |
|--------|------------------------------|--|------------|--|
| 1C-1.3 | Public Awareness Committee | Responsible for increasing the public's awareness of homelessness in Iowa by creating an annual public awareness strategy including but not limited to; a governor's proclamation against homelessness to coincide with the November National Hunger and Homelessness Awareness Week, regional and statewide educational events, and legislative events. | Bi-Monthly | Tim Wilson (Chair), David Binner, Stefanie Munsterman-Robinson, Becky Falck, Tom Lampe, Cliff Heckman, David Boss |
| 1C-1.4 | Coordinated Intake Committee | This committee has identified the capability of the HMIS system to support a Coordinated Intake system, worked with the lead HMIS provider to initiate a move from a closed to an open HMIS system that could better support Coordinated Intake, begun a local pilot Coordinated Intake project in Cedar Rapids, and developed new assessment tools for testing and review. The committee has educated CoC members about the benefits of a Coordinated Intake system and worked to assuage concerns about loss of confidentiality and/or loss of local agency control. | Bi-Monthly | David Hagen (Chair), Zeb Beilke-McCallum, Marileigh Fisher, plus representation from the Iowa Institute for Community Alliances (lead HMIS agency) and non-Council members |
| 1C-1.5 | Executive Committee | This committee develops and reviews council strategic planning, sets full council agendas, conducts the official business of the council in between council meetings, oversees the work of the special projects carried out with legislative appropriations, and works closely with the Iowa Finance Authority in the coordination of the ESG grant. | Bi-Monthly | Allan Axeen (Chair), Donna Phillips, Ben Brustkern, David Hagen, Tim Wilson, Zeb Beilke-McCallum, Jeff Gronstal, Crissy Canganelli, Tony Timm |

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)

Meetings always follow State of Iowa open meetings and open records laws, with sincere commitment to engage the full range of interested stakeholders. Anyone can participate as a voting member in any committee, and the actions of each committee are brought to the full council for consideration. All meetings of the full council are provided with three options to join in, including in-person, by conference call, or by Iowa Communications Network video-conferencing at one of several locations around the state. Agendas and materials are provided in advance by email and online to ensure access for conference call participants. Committee meetings are also almost always provided with both in-person and conference call options. Stakeholder diversity is also actively sought in member recruitment by the Nominating Committee.

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)**

Renewal applicants submitted a Supplemental Renewal Project Narrative, which included key performance measures from the most recent APR, a report of any unexpended funds, agency involvement in the CoC and committees, leveraging capacity, and more. Maximum points were possible only for Permanent Housing projects, and additional bonus points were available for projects targeting or proposing to target the chronically homeless. New project applicants also submitted written applications with modified criteria. The CoC Committee reviewed and scored all applications based on published criteria. An open public meeting of this committee was held the first week in January to make ranking recommendations. These recommendations were published and voted on by the full CoC at the Iowa Council on Homelessness meeting on January 17.

**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)**

Project performance review and ranking was based on the objectives set forth as part of the 2012 CoC Application. The CoC started with HUD's performance goals from last year's application and then set its own 12-month goals based on the CoC's current performance at that time. For PH projects, the established objective was at least 80% of participants remaining in CoC-funded PH for at least 6 months or more. For TH, it was at least 65% of participants moving to PH. For all projects, it was 38% employed at program exit, and 72% obtaining mainstream benefits at program exit. Next year, the objectives used in ranking will be updated based on HUD's updated objectives for this competition. All data is pulled from each project's APR. Performance charts are published publicly that include the reported data from all projects for each of these metrics; projects respond in narrative form to explain the severity of barriers faced by participants that affected the performance results.

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)

New project applicants were invited to submit proposals, with all information made public and available in the same way and time as for renewal applicants. Information was sent by email and posted online. The scoring criteria was adjusted for new applicants to allow for fair scoring of agencies that have not received prior Homeless Assistance Grants funds. The CoC membership includes both HUD-funded and non-HUD-funded agencies, to engage a range of stakeholders and invite participation from new agencies.

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?

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)

As specified in the Iowa Balance of State CoC Governance Charter, the Iowa Council on Homelessness serves “as the designated board of the CoC”. In this capacity the Iowa Council oversees the activities of the HMIS Lead and through their cooperative working relationship, “ensure the HMIS is administered in compliance with requirements prescribed by HUD.” The HMIS Lead agency specifically reports to the Iowa Council and Iowa Finance Authority regarding all aspects of the implementation of the HMIS network for the Balance of State, including compliance with Data and Technical Standards, composition and review of all required policies and procedures, training and technical assistance and network participation and data quality. The HMIS Lead meets on a monthly basis with Iowa Finance Authority staff, the Iowa Council Executive Committee and the Research & Analysis Committee to carry out this function.

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)

For each plan listed in question 2A-3, privacy, security, and data quality the HMIS Lead for the Iowa Statewide HMIS – the Iowa Institute for Community Alliances developed procedures that supported the intended plans from the inception of the network in 2001. In 2004 those policies, procedures and practices, were placed into a comprehensive HMIS Manual (attached to this application). This manual is reviewed annually in collaboration with the Balance of State Collaborative Applicant – Iowa Finance Authority, and the Research and Analysis (R&A) Committee of the CoC to assure the document is current, and is updated with any new policies and procedures required. Each policy – privacy, security, and data quality are part of this comprehensive review. Once reviewed and approved by the R & A Committee, the current manual is made available through the Iowa Finance Authority’s homeless list serve and posted on both the Iowa Council web site and the IICA web site for review and download.

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 Internet 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: Statewide

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) IA-502 - Des Moines/Polk County CoC, IA-501 - Iowa Balance of State CoC, IA-500 - Sioux City/Dakota, Woodbury Counties CoC

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 | \$346,608 |
| ESG | \$0 |
| CDBG | \$0 |
| HOME | \$0 |
| HOPWA | \$7,739 |
| Federal - HUD - Total Amount | \$354,347 |

2B-3.2 Funding Type: Other Federal

| Funding Source | Funding |
|---|-----------------|
| Department of Education | \$0 |
| Department of Health and Human Services | \$0 |
| Department of Labor | \$0 |
| Department of Agriculture | \$0 |
| Department of Veterans Affairs | \$12,103 |
| Other Federal | \$0 |
| Other Federal - Total Amount | \$12,103 |

2B-3.3 Funding Type: State and Local

| Funding Source | Funding |
|---------------------------------------|-----------------|
| City | \$0 |
| County | \$0 |
| State | \$66,811 |
| State and Local - Total Amount | \$66,811 |

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 | \$0 |
| Other - Total Amount | \$0 |

| | |
|---|------------------|
| 2B-3.6 Total Budget for Operating Year | \$433,261 |
|---|------------------|

2B-4 How was the HMIS Lead selected by the Agency Applied CoC?

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

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 | 51-64% |
| * Safe Haven (SH) beds | Housing type does not exist in CoC |
| * Transitional Housing (TH) beds | 76-85% |
| * Rapid Re-Housing (RRH) beds | 86%+ |
| * Permanent Supportive Housing (PSH) beds | 65-75% |

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

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)

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 | 29 |
| Transitional Housing | 5 |
| Safe Haven | 0 |
| Permanent Supportive Housing | 9 |
| Rapid Re-housing | 1 |

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 | 8% |
| Date of birth | 1% |
| Ethnicity | 1% |
| Race | 1% |
| Gender | 1% |
| Veteran status | 0% |
| Disabling condition | 0% |
| Residence prior to program entry | 1% |
| Zip Code of last permanent address | 2% |
| Housing status | 24% |
| Head of household | 5% |

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)

The HMIS network software utilized by the Iowa Balance of State is fully capable of producing all HUD required reports - the CoC APR, ESG, and HOPWA CAPER data reports. Our HMIS network is used by local service providers to supply these reports to the Iowa Council CoC Committee and Research and Analysis Committee for evaluation, as well as to the Iowa Finance Authority who serves as the ESG and HOPWA grantee. Beyond these HUD reports, the HMIS network is used for PATH project sponsor reporting, and is utilized to collect and provide data to the Veterans Administration Registry in support of the Iowa SSVF grantees. Finally, the HMIS lead agency continues to work with the Iowa Council CoC Committee to develop a comprehensive local performance measures report for all local service providers to inform progress on HEARTH Act measures and to assist program management in achieving those goals.

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

Provider agencies submit monthly Data Completeness/Quality/ Timeliness Reports to the HMIS Lead and the Iowa Finance Authority (IFA) as part of the CoC Program, State Shelter Assistance Fund (SAF) and ESG grant requirements. These reports provide summary and detailed client level error reporting to assist in correcting data issues. These reports are jointly reviewed by IFA and the HMIS Lead (IICA). When corrective action is required by the provider, IFA contacts the agency and holds any pending draw requests until the problem has been resolved. The HMIS staff work jointly with IFA to provide end user training and other appropriate technical assistance follow-up to correct identified concerns. IICA HMIS staff provide follow up reports to IFA and the Iowa Council (CoC) on the status of any pending training and technical assistance efforts. Identical TA efforts are offered to agencies collecting data that are not directly funded by HUD programs.

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 | Annually |
| * Using data for program management | 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)

HMIS Policies and Procedures Manual - Pages 13-15 "Collection and Entry of Client Data". Also Policies and Procedures Manual Attachments: "Minimum Required Data Set Agreement".

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?

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/19/2013

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% | 65% | 0% | 35% |
| Transitional Housing | 0% | 32% | 0% | 68% |
| Safe Havens | 0% | 0% | 0% | 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)

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)

Agencies utilizing HMIS participated in the count by means of their ongoing data entry. An aggregate count was tabulated directly from the HMIS database by the HMIS administrator using HMIS reporting tools. HMIS agencies had direct access to reporting tools to allow them to view their point-in-time count totals and client level detail; this allowed them to correct errors and ensure the accuracy of their data before it was tabulated. Every known non-HMIS program was contacted prior to the count by letter and email to participate in the training. Any agency that did not attend the training was contacted by email after the training and provided with the data collection forms and instructions.

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 type="checkbox"/> |
| | Interviews: | <input 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)

For programs using HMIS, subpopulation data was gathered from the universal and program data in HMIS. All emergency shelter and transitional programs on our HMIS collect disability detail and chronic homeless status on all clients, and veteran status and domestic violence status on all adults. Two web training sessions were held prior to the point-in-time count, during which the chronic homeless definition was reviewed. The VA's specifications for determining veteran status were covered and all programs were encouraged to review the veteran status for all existing clients. For programs not on HMIS, programs are asked to survey clients who stayed on the night of the count, tally the subpopulation data and submit the total counts.

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 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)

Two point-in-time web trainings for HMIS programs focused on how to produce a system report to tabulate the count. They were instructed to complete data entry, review their report and verify its accuracy, and make corrections within 10 days of the count. An email was sent a week after the count as a deadline reminder. After the deadline, the HMIS lead ran a report of total clients and utilization for all programs and emailed the report to all programs as a final check. For non-HMIS programs, two web trainings focused on how to correctly fill out the data collection form to report their count. Programs were given 10 days to submit totals. Any program that did not submit was contacted by phone and email until results were submitted.

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?

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/19/2013

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)

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 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)

A combination of known locations and service based counts, supported by HMIS data was determined to be the best approach to meet the needs of the Iowa Balance of State. During two webinar sessions, instruction was provided on a timetable for mapping of known locations where homeless persons are living or may typically gather. Training was provided on the use of the interview survey to be used uniformly by all groups. The survey collected personally identifiable information including name, age or birthdate, and other details to help ensure accurate data. Survey data was compared to longitudinal HMIS data entry done by homeless programs to both verify accuracy and also to eliminate any possible duplication of persons that might occur.

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 checked="" type="checkbox"/> |
| Unique identifier: | <input type="checkbox"/> |
| Survey question: | <input checked="" type="checkbox"/> |
| Enumerator observation: | <input checked="" 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)**

Two statewide training webinars were held. The training included direction to utilize a limited specific time frame for counting –blitz count. The survey collected first and last name, age or birth date, and additional details, to provide for effective de-duplication. The survey included an area that enumerators could use to describe the location where the individual or family was interviewed, so that in the event that the person was unwilling to provide complete identifiable information, location comparisons could be done. Finally, survey data was compared to longitudinal HMIS data entry from homeless programs serving areas in the Balance of State to verify accuracy and to eliminate any possible duplication of persons that might occur.

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. | | 114 | 104 | 94 |
| 3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless. | 100 | 111 | 127 | 155 |
| 3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover. | | 38 | 27 | 16 |
| 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. | | 26% | 50% | 50% |
| 3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation? | | 0 | 10 | 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)

This current 2013 Consolidated Application includes one proposed new Permanent Supportive Housing project dedicated to serving the chronically homeless; at capacity in two years, it proposes 18 new beds for the chronically homeless. Renewal PSH applicants also propose to dedicate beds to the chronically homeless through turnover; a few applicants committed through this application process to dedicate a total of 10 additional beds to the chronically homeless; some other PSH renewal applicants were not ready to commit a specific number, but still described an ongoing process at their agencies of adjusting to a higher priority for serving the chronically homeless (such as targeted outreach and prioritization for chronically homeless, and a needs-based rather than first-come-first-served approach to assistance; providers such as Cedar Valley Friends of the Family are actively seeking out the best tools to utilize for this going forward). Combined with an additional proposed process of reallocation the next two years, the CoC overall proposes to increase available PSH beds for the chronically homeless from 100 to 155, an increase of more than 50%.

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)

The CoC Committee of the Iowa Council on Homelessness proposes application priorities each year for both renewal and new project applicants. This year, the renewal application included 10 bonus points (on top of 50 regular points) for PSH projects serving the chronically homeless, either through current dedicated beds or to dedicating beds through turnover. The committee also invited new applications only from projects proposing PSH beds to serve the chronically homeless. The full Iowa Council on Homelessness votes on the process and outcome of the Committee's approach. A similar process is likely next year, with the time and advance planning through the combined 2013-2014 NOFA to more fully assist applicants in meeting the priority of serving the chronically homeless. There is also interest from some renewal project applicants in requesting HUD technical to review and develop a plan to transition some TH projects to PSH projects, which could better serve the chronically homeless; as the Collaborative Applicant for the CoC, the Iowa Finance Authority will support this process.

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: | 240 | 260 | 280 |
| 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. | 212 | 228 | 246 |
| 3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year. | 88% | 88% | 88% |

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)

This year, 155 participants remained in CoC-funded PSH projects at the end of the operating year and 57 exited to other permanent housing. The current housing stability of participants in PSH projects is thus very high at 88%; our goal is to maintain this high percentage while expanding the total number of PSH beds and dedicating a higher proportion of them to the chronically homeless. A current initiative of the Iowa Council on Homelessness (CoC), supported by state legislative appropriation, is to develop statewide best practices and standards for the various components of our homelessness system, which will support continued high PSH performance outcomes. Specific strategies include working closely with landlords, public education on fair housing practices regarding persons with disabilities, moving closer to a housing first approach, education on tenant/landlord rights and responsibilities, participant financial education, trauma care services, motivational interviewing, seeking collaboration with PHAs to prioritize homeless households, progressive engagement, expanded use of prioritization tools such as the SPDAT, and other services in support of stable housing.

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)

The CoC Committee of the Iowa Council on Homelessness (the CoC) establishes the new and renewal CoC applications each year for the purposes of scoring and ranking; these applications heavily weight performance outcomes including housing stability. Additionally, this year, the Policy and Planning Committee is supporting the current initiative described in the previous response, to develop and disseminate best practices and common standards throughout our CoC.

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: 2335

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? | 22% | 23% | 24% |
| 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? | 16% | 18% | 20% |

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 | 937 | 40.13 % |
| Unemployment Insurance | 43 | 1.84 % |
| SSI | 223 | 9.55 % |

| | | | |
|------------------------------|-----|-------|---|
| SSDI | 178 | 7.62 | % |
| Veteran's disability | 17 | 0.73 | % |
| Private disability insurance | 4 | 0.17 | % |
| Worker's compensation | 4 | 0.17 | % |
| TANF or equivalent | 237 | 10.15 | % |
| General Assistance | 11 | 0.47 | % |
| Retirement (Social Security) | 26 | 1.11 | % |
| Veteran's pension | 15 | 0.64 | % |
| Pension from former job | 8 | 0.34 | % |
| Child support | 90 | 3.85 | % |
| Alimony (Spousal support) | 7 | 0.30 | % |
| Other Source | 248 | 10.62 | % |
| No sources | 506 | 21.67 | % |

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)

It's important to distinguish between participants that have employment income, versus participants that increase their income, from entry, to either exit or follow up. The calculations above include the latter, using new APR data from the HMIS system only. The 22% of adults that increased their income while in the CoC program is very good; our goal is to maintain this with modest increases. Additionally, the 2013-14 CoC NOFA also refers to total participants with employment income. For our CoC, that number was 41% this year, much higher than HUD's stated goal of 20%. Both numbers are evidence of the emphasis our CoC places on employment—through education and training, child care, transportation, computer-accessible employment labs, subsidized work placements and internships, employer partnerships, and ancillary needs such as work and interview clothing, eye exams and glasses, identification and vital records, and work tools. Additionally, Iowa's TANF PROMISE (Promoting Independence and Self Sufficiency through Employment) Jobs program assists with training and child care; the Project IOWA program supports participants seeking living wage careers.

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)

As directed, the percentage above includes only those participants that increased their non-employment income, not participants that maintained their income. Excluding clients that maintain income, our goal is to increase our outcome to at least 20% of clients that increase income. Our outcome for participants that accessed some form of income is much higher—79%. Strong case management is important to this result, including education for staff and participants about program applications and eligibility. Strategies include application assistance, language translation, computer access, transportation, appointment scheduling, and advocacy. CoC-wide training was available on the SOAR process in 2013, and most CoC programs have staff currently trained, with plans for more. Additional specific efforts, at programs such as Shelter House, include connecting potential SSI/SSDI candidates with on-site health clinics, individual counseling, and psychological assessments, offered in partnership with the University of Iowa; partnerships with legal firms also provide guidance for the disability determination process, including for VA benefits.

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)

The CoC Committee of the Iowa Council on Homelessness (the CoC) establishes the new and renewal CoC applications each year for the purposes of scoring and ranking; these applications heavily weight performance outcomes including housing stability. Additionally, this year, the Policy and Planning Committee is supporting the current initiative described in the previous response, to develop and disseminate best practices and common standards throughout our CoC. Finally, because this is a new measure, the data provided currently includes only HMIS-participating projects; next year, a fully picture should be available for non-HMIS participating domestic violence services providers also.

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-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 2335

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. | 81% | 81% | 81% |

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 | 1486 | 63.64 % |
| MEDICAID health insurance | 795 | 34.05 % |
| MEDICARE health insurance | 116 | 4.97 % |
| State children's health insurance | 4 | 0.17 % |
| WIC | 87 | 3.73 % |

| | | |
|--|-----|---------|
| VA medical services | 121 | 5.18 % |
| TANF child care services | 21 | 0.90 % |
| TANF transportation services | 6 | 0.26 % |
| Other TANF-funded services | 3 | 0.13 % |
| Temporary rental assistance | 9 | 0.39 % |
| Section 8, public housing, rental assistance | 42 | 1.80 % |
| Other Source | 173 | 7.41 % |
| No sources | 450 | 19.27 % |

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)

The CoC currently has very high outcomes in this area, with 81% of participants accessing mainstream benefits in CoC-funded projects. Because the HUD APRs do not currently measure benefits at entry compared with benefits at exit, there is no way to determine the change in access from entry to exit; these numbers therefore report total benefits accessed, the best information currently available. The CoC proposes to maintain the very high outcomes in this area, while continuing to adjust services and project types to meet ongoing federal changes in priorities and program requirements. Strong case management and housing plan development are keys to this outcome. Ongoing education for staff and participants about mainstream program application and eligibility changes is also important. Other specific strategies include easy access to information, language translation and accessibility services, access to computers, help with applications, transportation assistance, appointment scheduling, and advocacy for clients.

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)

The CoC Committee of the Iowa Council on Homelessness (the CoC) establishes the new and renewal CoC applications each year for the purposes of scoring and ranking; these applications heavily weight performance outcomes including housing stability. Additionally, this year, the Policy and Planning Committee is supporting the current initiative described in the previous response, to develop and disseminate best practices and common standards throughout our CoC.

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 | 0 |
| 3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects. | 8 | 76 | 86 |
| 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. | 1 | 5 | 15 |

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)

The 2013 numbers above are low; this is because the HIC counted households served as of January 2013, when several Emergency Solutions Grant (ESG) programs were beginning rapid rehousing projects for the first time under the new ESG regulations. The 2014 estimated projection is based on the HMIS count of families served once the new ESG projects were at full capacity in mid-2013 (56), plus the count of families served through Supportive Services for Veterans Families (SSVF) grants as of December 2013 after these new SSVF projects were underway (5). Additionally, an estimate of 20 families is added in for ESG-funded rapid rehousing projects, to account for domestic violence services not entered in the HMIS. As the SSVF grantees continue to grow their new programs, it's anticipated that the number served will increase significantly. Rapid rehousing is also increasingly supported by the Iowa Attorney General Victim Services Support program for domestic violence survivors. According to instructions, all numbers provided reflect only what is counted by the HIC during this one-time count; many more families receive shorter-term assistance during the year.

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)

The Policy and Planning Committee of the Iowa Council on Homelessness is engaged with the current initiative of the Council (CoC) to develop standards and disseminate best practices throughout the CoC for various service types. This will include rapid rehousing, in particular for families. The Iowa Finance Authority, as the statewide ESG grantee as well as the Collaborative Applicant for the balance of state CoC and the Council, will also work to increase the number of households with children served through ESG-funded rapid rehousing. The Iowa Finance Authority will do this by continuing to propose ESG competitive application priority bonus points for projects serving families with children, as well as to dedicate at least 50% of total ESG funds to support rapid rehousing or homelessness prevention projects (likely moving further toward an emphasis on rapid rehousing over homelessness prevention).

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)

Because there are not yet any CoC-funded rapid rehousing projects, it is the ESG program that currently provides the most significant source of funding for rapid rehousing in the CoC. The Iowa Finance Authority, as the statewide ESG grantee, thus determines the policy and requirements for ESG rapid rehousing subgrantees, in accordance with HUD regulations, and in consultation with the CoC/Iowa Council on Homelessness. As per ESG regulations, the Iowa Finance Authority requires each subrecipient to develop and follow written standards for determining and prioritizing which eligible households will receive rapid rehousing assistance and the amounts and percentages that participants must pay. The current best practices/standards initiative of the Council (described elsewhere in the application) may establish a framework for common policies and procedures throughout the CoC, which would also then apply to ESG subgrantees.

**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)**

ESG-funded rapid rehousing providers meet with clients at least once per month for case management tailored to each client's needs (with some exceptions according to VAWA); similar standards are in place for other rapid rehousing projects. Most programs offer more frequent case management (once per week or more) for participants that are first entering the program. During these meetings, case managers work with clients to develop, review, and update each client's individualized housing plan, including goals and action steps focused on housing stability.

**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)**

Many rapid rehousing providers currently follow up with program participants after exit to prevent return to homelessness; protocol in this area is still under development, and the current best practices/standards initiative of the Iowa Council on Homelessness (described elsewhere in this application) may develop more standard CoC-wide practices in this area. Several programs encourage clients to maintain relationships and communication after exit as a general practice; for rapid rehousing in particular, some programs routinely follow up with clients at three months, six months, and one year after exit. Follow-up variously includes ongoing services, continued access to a housing specialist, additional resource referrals as needed, and periodic surveys.

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? State Mandated 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)**

Iowa law mandates that the case permanency plan for all children in foster care include a written transition plan for youth aged 16 years and older. The Iowa Council on Homelessness developed Discharge Planning Guiding Principles for the CoC in 2005. The principles were informative to the establishment by the Iowa Department of Human Services of Transition Planning Specialists to address the needs of youth exiting foster care, including appropriate housing placement. In 2009, Iowa law extended foster care until the age of 21, during which time youth must participate in an education program or work full time. The law also allows for continued Medicaid coverage until 21. The Iowa Finance Authority administers the Aftercare Rent Subsidy Program, which includes a monthly rent stipend of up to \$350 plus education on renter rights and responsibilities.

**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)**

The Transition Planning Specialists at the Department of Human Services ensure that all children in foster care have a written transition plan to avoid discharge into homelessness. The Iowa Finance Authority administers the Aftercare Rent Subsidy Program. The Partnership of Iowa Foster Care Youth Councils offers youth leadership opportunities, service learning, life skills, and educational/vocational assistance. Youth and Shelter Services is the lead CoC agency, ensuring that services reach youth in all 99 Iowa counties. Support is also provided by the Iowa Aftercare Services Network, a network of private agencies across the state that assist youth as they leave foster care. The Youth Policy Institute of Iowa provides state level coordination, policy development, quality assurance, and evaluation services for the network.

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 State Mandated Policy mandated by the State, the CoC, or other?

**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)**

Iowa's Administrative Code, 481, Chapter 58, Section 12 for the Department of Inspections and Appeals provides regulation for discharge from nursing facilities that includes: discharge planning initiated at entrance, proper notification of next of kin upon discharge, proper arrangements made for welfare of resident/patient in the event of emergency or inability to reach next of kin, provision of client records to any receiving institution, and prior to the transfer or discharge of a resident to another health care facility, arrangements to provide for continuity of care with the receiving facility. If someone was homeless prior to admission, health care clinics such as the University of Iowa have social workers that work with patients before discharge to develop housing plans. Contact is made with local housing authorities to determine if waiting lists are open for subsidized housing when appropriate. Other options are to stay with family or friends, or in some cases, faith-based or other privately funded facilities.

**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)**

Ultimately, the Department of Inspections and Appeals regulates discharge as described above. Additionally, board members from the Iowa Council on Homelessness (the CoC) represent the Iowa Departments of Elder Affairs, Human Services, Public Health, and the Iowa Veterans Medical Center; such members periodically update the CoC on current issues related to discharge practices. Some members also serve as members of the Olmstead Consumer Task Force and the Iowa Mental Health Planning Council. Discussion and planning at these meetings includes the availability of affordable housing resources in the community and case management services to adequately address housing stability. Among the recommendations from the Olmstead Task Force is to "Connect Iowans with disabilities who wish to leave institutional settings to peers who have already made a successful transition to community life."

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? State Mandated 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)

All Iowa Mental Health Institutions (MHIs) in the State of Iowa are licensed hospitals, and two of four are also accredited by the Joint Commission on the Accreditation of Health Care Organizations. The Iowa Department of Human Services has developed detailed discharge policies for MHIs. Discharge planning begins at admission and is part of an ongoing treatment plan. Housing arrangements are included, as are supportive services and funding for each. The Iowa Council on Homelessness (the CoC) seeks to participate in continuing discharge policy planning, with Council members representing the Iowa Departments of Elder Affairs, Human Services, Public Health, and the Iowa VA; members also have served as members of the Olmstead Consumer TaskForce and Iowa Mental Health Planning Council. Community based programs assure individuals are discharged into appropriate living situations. When applicable, PATH workers assist private hospital mental health units to place people into transitional or supportive housing. The VA routinely assists with placement into adult family living situations, long term care facilities, or permanent supportive housing.

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)

Iowa Department of Human Services (DHS) is the agency responsible for discharges from the four state mental health institutions. Iowa has a publicly funded system of care for adults with mental illness and other disabilities. This system of care is coordinated statewide by the Iowa DHS, with each county having a Central Point of Coordination (CPC) to administer the system. Private hospital psychiatric units as well as state hospitals refer individuals to the county CPCs and to the county's mental health case management providers and other community based programs. Iowa DHS also awards SAMHSA Projects for Assistance in Transitioning from Homelessness (PATH) grants to providers in six Iowa communities (Waterloo, Cedar Rapids, Iowa City, Davenport, Dubuque, and Des Moines). The Veterans Administration routinely assists in placement for veterans.

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)**

The Iowa Council on Homelessness (the CoC) includes a representative from the Iowa Department of Corrections (DOC) that reports on issues related to reentry and housing. The Council finalized a formal discharge policy for the Governor in 2005. Also in 2005, the DOC received a Charter Agency grant of \$25,000 to fund a quality management work project to improve transition planning from the time of admission until release. The purpose was to design a consistent pre-release transition planning process across Iowa's correctional system. The result was the Offender Re-entry Program, which begins at the time of reception and continues until each offender re-enters the community. The program includes a comprehensive re-entry case management system, which includes housing and treatment issues. The goal is to have appropriate housing arranged prior to release, especially critical if the offender was homeless prior to incarceration. Homelessness is not an acceptable condition for supervision, and staff will quickly intervene to prevent this. In some cases, offenders will spend extra time in an institution or Residential Facility until housing is secured.

**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)**

The Department of Corrections has created an Iowa Corrections Reentry Team consisting of senior department management to guide all reentry efforts. The 2009 Iowa Governor's Executive Order 13 also created an Ex-Offender Reentry Coordinating Council, which includes representation from housing agencies. In 2008, the DOC established a new State Re-entry Coordinator position that works with all state correction facilities. This person works closely with Wardens, District Directors, Treatment and Security Directors to develop the necessary processes to make offender transition successful. The DOC also has specialized reentry coordinators in place at each of the state's 11 correctional institutions from which most offenders are released. The result of this coordination is a more integrated method of offender supervision and interventions, better utilization of programming resources, and ultimately increased success in offender reentry, including appropriate housing.

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)

Increase the number of Transitional Housing and Permanent Supportive Housing units for Chronically Homeless; Increase the effectiveness of the jail diversion program; Promote the use of HOME funds for TBRA; Promote the use of Homeless Prevention as a priority; Fully implement the State's Discharge Policy; and Increase the support and residential services for chronically homeless persons with substance abuse.

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)

The Iowa Council on Homelessness (the CoC) has worked closely with the Iowa Finance Authority (the statewide ESG grantee) to plan how ESG funds are allocated. The Executive Committee of the Council has met several times with Iowa Finance Authority staff to discuss ESG allocation, and then the committee has developed recommendations for the funds, which are then voted on by the full Council membership. Recommendations have included a range of subjects: how many total subgrants should be made; what amount of the funds should be divided between Shelter, Outreach, Homelessness Prevention, and Rapid Rehousing; how state funds should be used in ESG entitlement cities that receive their own additional allocations, performance measures, and services in rural areas. Additionally, multiple Council representatives serve as ESG application reviewers. Performance outcomes are a scored element of the ESG applications, so Council members of the CoC have direct input into evaluating the performance of potential ESG subrecipients. This year, the Research & Analysis Committee of the Council also intends to add ESG performance measures into quarterly reporting and monitoring.

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)

In 2014, for the Iowa Statewide allocation of ESG funds, \$1,086,697 (54%) is allocated to Homelessness Prevention and Rapid Rehousing, and \$916,505 to Shelter and Street Outreach (46%; percentages exclude funds reserved for Administration). This exceeds the recommendation by the Iowa Council on Homelessness (the CoC) beginning in 2012 to allocate at least 50% of ESG statewide funds to Homelessness Prevention and Rapid Rehousing.

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)

The implementation of HPRP allowed for broadening relationships with landlords and property managers; service providers benefited from this capacity building with increased housing placements for clients. An HPRP landlord survey coordinated by the Iowa Council on Homelessness's Expanding Rapid Rehousing committee helped to identify best practices for ongoing services through ESG and other programs. Humility of Mary Shelter opened the VALOR program, which provides homeless prevention and rapid re-housing to veterans and families through the VA SSVF grant; three additional communities serving the CoC also have SSVF grants this year. The City of Dubuque's Housing Choice Voucher program has adopted local preference points to assist homeless households. The ESG program has expanded both Rapid Rehousing and Homelessness Prevention to reduce the number of individuals and families who become homeless. Iowa Legal Aid and other programs provide critical support to assist families facing possible eviction from becoming homeless.

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)

Representatives of state departments and the VA that administer other programs assisting the homeless serve on the Iowa Council on Homelessness (the decision-making body for the CoC). The Iowa Economic Development Authority administers the NSP and the CDBG programs; the Iowa Department of Human Services administers PATH and other programs serving low-income individuals at risk of homelessness; the VA Medical Center of Central Iowa administers the VASH program for the state; the Iowa Finance Authority is the state grantee for both the HOPWA and ESG programs. Each of these agencies is represented with voting members of the Iowa Council. Further close collaboration between the council, the Iowa Finance Authority, and the Iowa Economic Development Authority on ESG, HOPWA, NSP, and CDBG is anticipated in particular for the upcoming five-year Consolidated Plan due in 2014. The council and CoC also have input into planning for the state Shelter Assistance Fund, a \$1 million grant program for shelter and related homeless assistance services.

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)

The balance of state CoC covers most of the state, and there are approximately 71 local PHAs across the state, so levels and types of participation vary. Frequently, PHA representatives participate on local homeless planning boards, and staff members at CoC provider agencies also participate on the boards of PHAs. Communication and collaboration have led to initiatives such as one in Oskaloosa where homeless households are given priority for public housing, and CoC providers can participate in Section 8 voucher hearings on behalf of clients. CoC-funded agencies include two PHAs; the Mason City PHA, for example, has several programs to assist homeless households, beyond just their CoC-funded PH program: HOME TBRA funds assist homeless and disabled households and the VASH program assists homeless veterans. Some barriers continue with public housing for homeless households, including, in some cases, poor rental history, criminal history, and/or poor housekeeping references. Where these continue, CoC providers continue relationship-building, education, and advocacy to help individuals obtain housing despite barriers.

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)

The 2013 statewide ESG and the Iowa Shelter Assistance Fund competitions scored applicants on the extent to which their programs had worked to remove or reduce barriers. Training opportunities for service providers at the annual HousingIowa Conference and the 2013 Iowa Homelessness Symposium have included information on removing barriers to entry. The FY 2014 state legislative appropriation to the Iowa Council on Homelessness resulted in a new initiative led by the Iowa nonprofit agency, State Public Policy Group. The goal of the new project, "Best Practices for Homelessness Services Statewide Planning," is to identify best practices, in performance, services, and operations, that will move us toward common standards for our system; the initiative was developed in part to resolve the discrepancies noted among programs in areas such as barriers to entry. The combination of training, identification and dissemination of local best practices, and funding incentives are expected to further reduce barriers to entry in local programs.

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

The 2013 CoC project application scored by the CoC Committee to determine project ranking included a scored item for the extent to which projects had adopted a housing first approach. The 2013 statewide ESG and Iowa Shelter Assistance Fund competitions also included scored items requiring applicants to describe the extent to which they were using a housing first approach. Several training opportunities have been made available for CoC providers on how to move toward a housing first approach, including sessions at the annual HousingIowa conference and the 2013 Iowa Homelessness Symposium.

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)

Our CoC covers a regionally diverse 97-county area, with both rural counties and urban centers; available housing services mirror this diversity. To accommodate this, we have developed a common assessment tool based upon presenting needs (domestic violence, veteran services or housing) and the level of immediate need. This broadly defined common assessment integrates local crisis lines (DV and veteran services) and is designed to support available services statewide, through a quick initial triage to guide participants to services. A secondary assessment will take place by the respective DV, veterans or housing agency to determine the intensity of support. Our coordinated intake system works with local planning groups to identify physical intake sites – sites with housing services and HMIS – and the potential for virtual intake to eventually provide system access for rural areas. The system allows for local control of the secondary assessment based upon the available portfolio of homeless services. Currently, Linn County is implementing our CoC's coordinated intake pilot, including HUD- and non-HUD funded emergency shelters and transitional housing.

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)

Projects and local communities pursue multiple strategies. General responses include outreach at local shelters, classes, schools, churches, community events, and other community agencies, plus distribution of flyers and brochures, online information, broadcast media, the 211 system, and advertising in weekly papers. Some programs, such as the City of Dubuque and programs in Iowa City, provide information in Spanish and English; Shelter House and Hawkeye Area Community Action Program work with skilled volunteers for translation services. In Story County, Youth and Shelter Services hosts a Diversity Task Force that is made up of key program staff and community members who meet regularly to discuss current needs, services, and trends across three counties.

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)

The Iowa Council on Homelessness (the CoC) first voted in July of 2011 to establish a policy to require homeless assistance providers to ensure that all children are enrolled in school and connected to appropriate services within the community. Also beginning in 2011, the Iowa Finance Authority offered further support by adding this to its application requirements for both the Iowa Statewide Emergency Shelter/Solutions Grant and the Iowa Shelter Assistance Fund. Agencies must describe their policies in this area on their applications, and follow-up is conducted during on-site monitoring visits during the grant year.

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)

Iowa Administrative Code 281, Chapter 33, Educating the Homeless, provides for a designated State Coordinator for Homeless Education within the Iowa Department of Education. The State Coordinator serves as liaison to the Iowa Council on Homelessness (the CoC), and works with homeless education liaisons at each local school district. Service providers work with the local school district liaisons and provide information and support directly to families. Residents are made aware of their children’s eligibility for McKinney- Vento services in various ways: advocates are trained to provide information; resident handbooks include "Information for Parents" and "Information for School-Aged Youth" from the U.S. Department of Education, plus contact information for the local education liaison; and posters also provide information. Agencies ensure transportation if children are already enrolled in an area school district. Additional support may include school supplies, immunizations, previous school records, clothing, address documentation, assistance through Iowa Legal Aid, and transportation for parents to attend school conferences and open houses.

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)

This requirement is addressed during council meetings and related meetings of CoC members, such as meetings of domestic violence victim service providers. It's also reiterated through the ESG statewide program, with trainings and contract language that stress the importance of the new requirement, and offers guidance to agencies that have had to make adjustments to come into compliance with the requirement. Local communities also plan together which shelters can accommodate families with children, and ensure that all agencies have appropriate information on required policies regarding family admission. Several family shelters offer separate rooms for each family, which works well regardless of the age or gender of the children. Agencies have expressed their firm commitment to keep families intact, especially families that are already experiencing the trauma of homelessness. The increase in Rapid Rehousing through ESG has helped to quickly place more families into permanent housing, which helps to increase shelter capacity for those that need it.

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)

A comprehensive Performance Measures and Outcomes Report developed by the HMIS lead agency includes tracking repeating episodes for homeless individuals and families. The report “looks back” over a 24 month period and reports on persons and households that return to homelessness during the quarter, as reported by a new program entry in ES, TH or Outreach, after the individual or household previously showed an exit to a permanent setting, including rapid rehousing. The report is organized into two sections: a top section for client demographics and a lower section to show quarterly change. The lower section of the report features quarterly homeless counts, then variables by program type including: client and household counts, new clients, clients returning to homelessness, exited clients, permanent exits, duration of episode among exited clients, veterans, chronic, employment at entry and exit, income at entry and exit and mainstream resources at entry and exit. The report was designed to be inclusive of the HEARTH Act performance measures in one comprehensive document.

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)

Policy and funding decisions of the Iowa Council on Homeless (the CoC), as well as the Iowa Finance Authority (the Collaborative Applicant and the statewide ESG grantee), are aligned with the four Opening Doors goals. The 2013 competition for statewide ESG funds, as well as for an additional \$950,000 in funds from the similarly-aligned state Shelter Assistance Fund, introduced priority bonus points for projects focused on these goals. This included bonus points for projects focusing on families with children, veterans, and/or the chronically homeless. For this 2013 CoC competition, up to 10 bonus points (above 50 regular points) were made available to local applicants proposing to serve the chronically homeless or to prioritize the chronically homeless through turnover. Local planning bodies are encouraged by the Iowa Council on Homelessness to adopt similar strategies in local funding decisions to support the goals of Opening Doors.

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

As described in 3D-1, applicants for statewide ESG and Shelter Assistance Funds in 2013 received bonus points for focusing on households with children. More than half of statewide ESG funds are allocated to Rapid Rehousing or Homelessness Prevention; current and historical HMIS data in the CoC show that a majority of these funds will likely be used in support of households with children. Support from other funders for rapid rehousing has increased significantly, especially for veteran families with SSVF and for families fleeing domestic violence. Some providers and local communities in the CoC have written policies prioritizing families with children. Supportive services that help to stabilize families include education, life skills instruction, budgeting, and tenant rights and responsibilities courses such as RentWise.

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)

Led by the Attorney General's Office of Victim Support Services, Iowa went through a comprehensive restructuring last year of domestic violence services provided throughout the state. Iowa now has six coordinated regional systems of care for victims and their families; each region includes a consistent mix of available services, including emergency safe shelter, hotel/motel vouchers, shelter diversion, transportation assistance, rapid rehousing, homelessness prevention, transitional housing, permanent supportive housing, safety planning, advocacy, information and referral, education programs, and other supportive services. Services are available 24 hours a day through coordinated toll-free crisis lines. Community collaboration includes MOUs between service providers, law enforcement, courts, and hospitals. Staff are trained in advocacy, safety planning, crisis counseling, trauma-informed care, and housing assistance. Services are voluntary, confidential, and language-accessible. The primary mission of several CoC-funded programs is to serve domestic violence victims; some other programs prioritize victims and their families.

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)

CoC-wide programs described in previous sections ensure access to education, housing, and supportive services for homeless youth and youth exiting foster care; CoC agencies such as Youth and Shelter Services and Foundation 2 specifically target services to youth. Programs include street outreach and transitional living, and services include skill-development, substance abuse screenings, counseling, prevention, school-based assistance, and linkage to mainstream resources (in most cases for youth aged 16–21). Agencies also partner with adult-serving agencies to maintain a continuum of care for older youth moving into adulthood (aged 18–24). Iowa is in the final year of a five-year Family and Youth Services Bureau federal planning grant for a state and local demonstration project, the "Iowa Rural Homeless Youth Project." The project has raised awareness, engaged stakeholders, enhanced coordination of services, and created additional supports for rural 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)

During regular meetings of the Iowa Council on Homelessness, representatives from various State departments report on current resources available. These include steps to coordinate with local school districts, community and public health providers, legal aid offices, the faith community, public housing authorities, and community meal sites for outreach to unsheltered homeless individuals and families. Resources include current contact lists, local community resources lists, training opportunities, and program information. Another part of Iowa's strategy to assist providers with outreach is the continued work towards a coordinated assessment system which will enhance local planning and outreach, particularly in rural settings.

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)

Representatives from the VA Medical Center for Central Iowa and the Iowa Department of Veterans Affairs hold voting seats on the Iowa Council on Homelessness (the CoC). Veterans are assisted with Grant Per Diem beds, 190 HUD-VASH vouchers in the state, and four SSVF programs. The VA also coordinated Contracted Residential beds and Outreach efforts within local shelters, food pantries, and camps, and partnered with local community law enforcement, jails and court systems. Additionally, the VA has an MOU with the Iowa Department of Corrections to visit prisons and assist discharging veterans. Local providers partner with Primary Medical Care to coordinate medical care and outreach to veterans, including those ineligible for VA services. Beginning this year, both the statewide ESG and the State Shelter Assistance Fund programs awarded competition priority points for services focused on veterans, including veterans ineligible for VA services. Periodic veterans Stand-Down events provide outreach and services. The goals of Opening Doors were adopted by the Council in September of 2011 and provide the road map for Iowa's planning to end veteran's homelessness.

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? No

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? No

**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)**

Not Applicable.

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? Not Applicable

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)

CoC recipients must provide their APR to the Iowa Finance Authority (the Collaborative Applicant) on behalf of the CoC. This APR is reviewed by IFA staff, CoC Committee members, and the HMIS Lead staff. APRs are reviewed for performance outcomes and expenditure rates. When submitting a renewal application each year, projects are also required to report, and are reviewed and scored, on any HUD monitoring findings. Quarterly performance reports have been developed for ongoing review of all CoC projects during the coming year. Similar steps are used by the Iowa Finance Authority for ESG subrecipients within the CoC for a consistent process across funding streams.

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

Training opportunities are offered as part of Iowa Council on Homelessness meetings and through the annual HousingIowa Conference. This conference regularly includes presentations from the National Alliance to End Homelessness, the Interagency Council on Homelessness, and others on the topic of HEARTH performance goals. In 2013, this was supplemented by the first-ever Iowa Homelessness Symposium, hosted by our local HUD office and the Technical Assistance Collaborative. Finally, the FY 2014 state legislative appropriation to the Iowa Council resulted in a new initiative, "Best Practices for Homelessness Services Statewide Planning," to identify best practices, in performance, services, and operations, that will move us toward common standards for our CoC. Five inclusive broad-based local planning meetings around the state started off the initiative in 2013; a state planning advisory committee will continue the work in early 2014. It's anticipated that the development of statewide best practices and standards will help programs to meet HEARTH performance goals.

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

CoC recipients provide quarterly APRs to Iowa Finance Authority on behalf of the CoC, and the Iowa Council on Homelessness’s CoC Committee. These agencies also supply monthly HMIS data quality reports to the IFA. These tools inform the need for technical assistance to providers who are not meeting CoC goals. On-site monitoring visits include identification of TA needs of the project, and a TA plan is jointly developed by IFA and the recipient staff. Beginning this year, local agencies will also receive a copy of the CoC’s comprehensive Performance Outcomes report each quarter and will be required to provide a written response with a plan to address any CoC performance goals they are not meeting. The Iowa Council participated in the HUD CoC Check-Up, and regularly submits questions and TA requests to HUD on behalf of the CoC to increase training and capacity on a variety of issues.

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

The Iowa HMIS lead agency led the process to develop a comprehensive Performance Measures and Outcomes Report with Iowa service provider staff, the Continuum of Care Committee, and the Research and Analysis Committee. The report is organized into two sections: a top section for client demographics and a lower section to show quarterly change. The lower section of the report features quarterly homeless counts, then variables by program type including: client and household counts, new clients, clients returning to homelessness, exited clients, permanent exits, duration of episode among exited clients, veterans, chronic, employment at entry and exit, income at entry and exit and mainstream resources at entry and exit. The formula for calculating the length of an episode of homelessness was developed by the staff analyst of the HMIS lead and updated to reflect HUD’s formula this year. The CoC has begun making performance data for all projects publicly available, and intends to continue to do this on a quarterly basis; this enables projects to better understand how their data fits into CoC-wide data and goals, and plan any necessary adjustments to program design.

**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)**

As noted above, the report developed by the CoC includes tracking repeating episodes for homeless individuals and families. The report “looks back” over a 24 month period and reports on persons and households that return to homelessness during the quarter, as reported by a new program entry in ES, TH or Outreach, after the individual or household previously showed an exit to a permanent setting. The report was designed to be inclusive of the HEARTH Act performance measures in one comprehensive document, so the steps taken to plan for tracking of this data element mirrored the process described above.

**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)**

During the regular meetings of the Iowa Council on Homelessness, representatives from various State departments report on current and emerging resources available to Iowa's local homeless coordinating boards. These resources include steps to coordinate with local school districts, community and public health providers, legal aid offices, the faith community, public housing authorities, and community meal sites to identify and outreach to homeless individuals and families. These resources include current contact lists, training and workshop opportunities, and new program information. Also, the State agency representatives have access to current and timely listings of local community resources to assist homeless persons, and the representatives are able to provide that information to their local offices to support effective referrals. Another part of Iowa's strategy to assist providers to outreach is the continued work towards a coordinated intake and assessment system which will enhance local planning and outreach efforts, particularly in rural settings.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

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)

Family Alliance for Veterans of America (FAVA) works with individuals helping with job training skills, converting military to civilian, educating and teaching how to dress for an interview, role-play of interview skills, resume writing, and teaching basic computer skills. FAVA works with community partners like Iowa Workforce, VA and Iowa Vocational Rehabilitation and others. We are constantly working with any number of businesses looking to hire and keep active job postings. FAVA has approximately 1000 jobs in the surrounding area posted each week on our bulletin board. FAVA works with employers & colleges for certifications, apprenticeships, and on-the-job training programs. We assist with Food Stamps, connecting to County Veterans Affairs for benefits, VA services, Social Security, county & social services, emergency transportation needs, and work consistently with community partners to ensure that they are applying for all eligible assistance for example heat assistance.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? Yes

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: Preference policy for hiring low and very low income persons residing in the service area

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. | 97% |
| * Homeless assistance providers use a single application form for four or more mainstream programs. | 100% |
| * Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. | 93% |

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: 09/05/2013

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)

Iowa is a Medicaid-expansion state under the ACA; Iowa's alternative plan was approved by federal officials in early December, 2013. Enrollment assistance has been led primarily by community health centers and hospitals across the CoC, along with some CoC program providers such as Hillcrest Family Services; many offer trained certified application counselors. The Iowa Department of Public Health and the Iowa Department of Human Services have led the way statewide with training on enrollment and outreach, including many "train-the-trainer" opportunities. Additional ACA training was available especially for CoC housing and homeless services providers in 2013. This included the September, 2013, HousingIowa Conference, with sessions including Steve Berg of the National Alliance to End Homelessness on the topic, "Breaking Down Barriers for Iowa's At-Risk Population." Training also included the first-ever Iowa Homelessness Symposium in the summer of 2013, hosted by our local HUD office and the Technical Assistance Collaborative, and included the topic, "ACA: Impact of Changes in Medicaid on Healthcare for Homeless Persons."

**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)**

The HousingIowa Conference each year provides focused training for CoC providers on how to identify other sources of funding for supportive services and how to help participants access those services; the Iowa Homelessness Symposium in July of 2013 (described in prior response) added to those opportunities this year. Sessions at these conferences in 2013 included "Best Practices in Homeless Services," "SOAR Training," "Helping Homeless Persons Access Mainstream Benefits and Services," "Veterans/VA Services," "Accessing Behavioral Health Services," "Using Housing Choice Vouchers for Homeless Persons," "Strategies for Retaining Housing," and more.

Attachments

| Document Type | Required? | Document Description | Date Attached |
|--|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes | | |
| CoC Governance Agreement | No | IA BOS CoC Govern... | 12/26/2013 |
| CoC-HMIS Governance Agreement | No | IA HMIS Governanc... | 12/26/2013 |
| CoC Rating and Review Document | No | Iowa Balance of S... | 01/15/2014 |
| CoCs Process for Making Cuts | No | IA BOS Process fo... | 12/26/2013 |
| FY2013 Chronic Homeless Project Prioritization List | No | | |
| FY2013 HUD-approved Grant Inventory Worksheet | Yes | IA BOS CoC Final ... | 12/26/2013 |
| FY2013 Rank (from Project Listing) | No | | |
| Other | No | IA BOS New Projec... | 12/26/2013 |
| Other | No | IA BOS Renewal Pr... | 12/26/2013 |
| Other | No | | |
| Projects to Serve Persons Defined as Homeless under Category 3 | No | | |
| Public Solicitation | No | IA BOS Public Inv... | 12/26/2013 |

Attachment Details

Document Description:

Attachment Details

Document Description: IA BOS CoC Governance Charter

Attachment Details

Document Description: IA HMIS Governance Agreement - Policies and Procedures

Attachment Details

Document Description: Iowa Balance of State CoC Rating & Review

Attachment Details

Document Description: IA BOS Process for Making Cuts

Attachment Details

Document Description:

Attachment Details

Document Description: IA BOS CoC Final Approved GIW

Attachment Details

Document Description:

Attachment Details

Document Description: IA BOS New Project Application - Invitation & Instructions

Attachment Details

Document Description: IA BOS Renewal Project Application - Invitation & Instructions

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: IA BOS Public Invitation for Applicants

Submission Summary

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

| | |
|--|-------------------|
| 3B. CoC Discharge Planning: Mental Health | 01/13/2014 |
| 3B. CoC Discharge Planning: Corrections | 01/13/2014 |
| 3C. CoC Coordination | 01/16/2014 |
| 3D. Strategic Plan Goals | 01/16/2014 |
| 3E. Reallocation | 01/15/2014 |
| 4A. Project Performance | 01/13/2014 |
| 4B. Employment Policy | 01/16/2014 |
| 4C. Resources | 01/13/2014 |
| Attachments | Please Complete |
| Submission Summary | No Input Required |

Greetings,

The Iowa Balance of State Continuum of Care (CoC) is requesting Project Applications for the 2013 CoC funding competition for homeless assistance services.

This invitation includes renewal and new projects. If interested, please carefully review the information below. **All Project Applications are due Friday, January 3, 2014.**

The Continuum of Care (CoC) program: This is a program of the U.S. Department of Housing and Urban Development (HUD). Information can be found at this [link](#).

The Iowa Balance of State CoC: This includes most of the state, with the exception of Polk, Woodbury, and Pottawattamie Counties. The decision-making body for the Iowa Balance of State CoC is the Iowa Council on Homelessness. Any CoC program applicant within the Balance of State that is interested in this program must submit a Project Application for review by the CoC Committee and the Council.

The 2013 competition: Agencies are invited to submit Project Applications for new or renewal projects. HUD requires each CoC to submit one Consolidated Application that includes all the new and renewal Project Applications within the CoC. The Iowa Finance Authority provides support for this process, and eventually submits the application on the Council's behalf. While HUD's final Consolidated Application deadline is February 3rd, 2014, the internal deadline for all new and renewal Project Applications is **Friday, January 3rd, 2014.**

The anticipated timeline:

- Friday, December 6th, 10:00 a.m.: Informational [Webinar](#) for all Project Applicants
- Monday, December 9th: Project Application template will be available
- Friday, January 3rd: All Project Applications due
- Friday, January 10th: Notify Project Applicants of CoC Committee scoring and preliminary ranking
- Friday, January 17th: Iowa Council on Homelessness votes on final Project Application ranking and approves Consolidated Application draft
- Wednesday, January 29th: Final Consolidated Application and all Project Applications submitted to HUD

Ways to prepare now:

- 1) [Register](#) and plan to attend this Friday's webinar for all Project Applicants at 10:00 a.m. The webinar will also be recorded and posted for later reference.
- 2) Review the CoC Interim Regulations and the CoC NOFA at this [link](#) to understand the program, the changes from past years, and how your project may fit. Pay special attention to HUD's priority to serve the chronically homeless and to provide rapid rehousing for families. New Project Applications are limited to only the following: permanent supportive housing projects that propose to exclusively serve the chronically homeless, or rapid rehousing projects that propose to serve families.
- 3) Review HUD's training resources for this competition [here](#).
- 4) Make sure you have appropriate staff persons identified who have access to and will complete your Project Application in HUD's online [E-snaps](#) system.

- 5) Identify your local homeless services planning community, and plan how information will be submitted from your community for the application. Required information will be part of the final Project Application template made available in the next few days.
- 6) Identify your sources of leveraging, and plan to obtain commitment letters. Per HUD requirement, *letters must be dated after today, December 3rd.*
- 7) Plan to obtain your HUD Form 2991 Certificate of Consistency with the Consolidated Plan. Agencies located in the following jurisdictions must obtain local certification: Ames, Cedar Rapids, Iowa City, Davenport, Dubuque, and Waterloo. The form can be found at this [link](#). It's often easiest to work with any other local agencies to obtain this certification at the same time.
- 8) Make sure your organization has a valid DUNS number.
- 9) Make sure your organization's registration is current in the federal [System for Award Management \(SAM\)](#).

Additional information, as it becomes available, will be posted to the web page for the Iowa Council on Homelessness [here](#). You may also contact Zeb Beilke-McCallum at zebb@icadv.org throughout this process; he is the Chair of the CoC Committee of the Iowa Council on Homelessness.

Sincerely,



Amber Lewis
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