

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

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

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

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

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: NJ-503 - Camden City & County/Gloucester, Cape May, Cumberland Counties CoC

1A-2. Collaborative Applicant Name: Community Planning and Advocacy Council (CPAC)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: New Jersey Housing and Mortgage Finance Agency

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Camden Coalition of Healthcare Providers	Yes	Yes	Yes

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

The CoC full membership and subcommittee meetings are open to all interested stakeholders. Subcommittees have been created in accordance with the CoC Bylaws. The Executive Committee (EC) authorizes the creation of ad hoc committees according to needs identified by the CoC members and participants. The Camden Coalition of Healthcare Providers, which joined the CoC only 3 years ago, is now on the EC and chairs the CoC's Consumer Advisory Committee due to its expertise in engaging, and addressing the needs of chronically homeless high utilizers of emergency health care services. The Center for Family Services (CFS) works across the CoC's geography to serve and house homeless youth, families, and victims of domestic violence. Through this organization's partnership, the unique needs of these populations inform all the work of the EC, Education & Youth Subcommittee, and the Permanent Housing Committee, which CFS chairs.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Center for Family Services	Yes	Yes	Yes
Robin's Nest	No	Yes	Yes
Covenant House	No	Yes	Yes

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

or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Center for Family Services	Yes	Yes
Camden County Women's Center	Yes	Yes
Coalition Against Rape and Abuse	Yes	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The local selection process is open to all eligible applicants interested in applying for funding. The funding announcement was distributed widely through Listservs, announced at public community meetings & posted on the CoC website. The CoC Lead Agency held 2 technical assistance (TA) sessions for new and renewal agencies interested in applying for reallocated or PSH Bonus funds to discuss the eligible activities, target populations, application process, priorities & scoring criteria. New agencies had opportunity to get a full understanding of CoC programs & local priorities. Several previously unfunded agencies attended the TA sessions & 1 submitted application for funding. New project applications are scored on the quality of the proposed project & overall agency capacity to implement a project rather than only HUD or CoC experience. These criteria enable all applicants to have equal opportunity for funding, resulting in 1 new agency being chosen for bonus funding by the CoC.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Quarterly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	10
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	10
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5
How many of the Con Plan jurisdictions are also ESG recipients?	3
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

3 Jurisdictions, Gloucester, Camden County & City (CC&C), are CoC Executive Committee (EC) members participating monthly in 3 hrs. of EC meetings, 3 hrs. subcommittee meetings, 1 hr. emails, & .5 hr. planning calls. CC&C ConPlan hearings are held in conjunction with CoC meetings. Ocean City shares information at local Cape May CEAS meetings (1 hr/bi-monthly), & 1 EC member plans .5 hr. monthly with Vineland. The CoC gives input, & feedback on ConPlan strategies & how best to utilize resources to address homelessness, & provides AHAR, PIT, & HMIS data to inform ConPlan development/update. The CoC provides input on creating RRH through ESG & HOME TBRA. CoC agencies are always encouraged to provide input to these, State of New Jersey, & 4 other local Consolidated Plans, regarding setting priorities, sharing data, & participating in Public Hearings to ensure homeless needs in the CoC are being met. Providing comment & HMIS/PIT data is the main CoC interaction with remaining jurisdictions.

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

The CoC actively works with ESG recipients Camden County & City to allocate the ESG funding in the community. Three CoC Executive Committee (EC) members sit on the ESG allocation committee each year to identify the projects that will be supported for funding. The CoC Systems Analyst (SA) jointly monitors & evaluates CoC & ESG program performance, and provides project performance and CoC PIT data to ESG recipients to inform ConPlan updates. The CoC Systems Evaluation Committee established performance standards for both ESG & CoC-funded projects that are approved by the EC. This information is shared with the ESG recipients and at Executive Committee meetings to help monitor program effectiveness, and inform future CoC planning.

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

DV victim households that present to homeless service providers in the community are referred to local Victim Service Providers (VSP) unless the consumer chooses to utilize other resources. Providers phone the VSP directly

to refer the household to ensure that client data is shared confidentially. Households are also connected with the DV agency through the DV hotline, police, hospitals, or 2-1-1. When victim households connect with a VSP, they create a safety plan, are assessed for needs, linked to medical benefits, and, if leaving the perpetrator, are given safe house shelter, referred to the local Board of Social Services for mainstream benefits, and linked to housing resources, including out-of-county options. The CoC also prioritizes DV dedicated CoC PSH and ESG/CoC RRH housing opportunities for victims with the greatest severity of service needs. All services provided to DV victims are free, confidential, voluntary, and household choice is upheld in all situations.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Gloucester County Housing Authority	4.35%	Yes-Both
Housing Authority of the City of Camden	0.00%	Yes-Public Housing
Vineland Housing Authority	0.00%	Yes-HCV
Millville Housing Authority	0.00%	No
STATE OF NJ DEPT. OF COMM. AFFAIRS	5.00%	Yes-HCV

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

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

In 2015, the CoC & Camden Coalition of Healthcare Providers successfully applied to New Jersey Dept. of Community Affairs (DCA) for 50 State Rental Assistance Program (SRAP) vouchers to house chronically homeless individuals. In 2016, Gateway CAP was awarded 42 Housing First SRAP vouchers for the chronically homeless. The Michaels Organization has 20 units (60 beds) in its Roosevelt Manor low-income housing dedicated to the homeless in Camden, & its Morgan Village development has 5 special needs units which accept homeless tenants. For chronically homeless vets, Catholic Charities Diocese of Camden was awarded 20 Housing First SRAP vouchers from DCA for chronically homeless veterans in the CoC. The Camden PHA has 150 VASH vouchers, 15 more are in Cape May and Cumberland, & Gloucester

PHA was awarded 19 new HUD-VASH vouchers in 2016. 100 units are set aside for homeless persons in the CoC in LIHTC projects, including 5 for vets at Camp Salute & Camden's HOPWA program has 83 units.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

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

The Coordinated Entry System covers the CoC's full geography via access points in multiple service-based locations across the region, via phone, and via outreach teams to ensure that it reaches those least likely to have access. CDBG/HOME/ESG jurisdictions, hospitals, housing developers, mental health/substance abuse orgs., shelters, youth providers, DV agencies, & outreach teams, can all administer assessments and provide referrals. Assessment is standardized through use of VI-SPDAT, which the CoC has adopted for prioritizing referrals for PSH and RRH based on acuity of needs. The CoC is phasing in use of VI-SPDAT for prioritizing other types of assistance as well. Referrals are coordinated by Community Planning and Advocacy Council (CPAC). The CoC is working with the HMIS Lead agency and vendor to coordinate referrals via by-name HMIS list to house households faster. CPAC connects households to the appropriate housing resource based on eligibility, assessment, & preference.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

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

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	32
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	28
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	93.33%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

The CoC Executive Committee (EC) prioritized certain homeless populations based on their vulnerability to illness or victimization through its recommendations for FY2016 CoC funding. The CoC Rank and Review Tool prioritized projects that dedicated PSH/RRH to CoC priority populations: chronically homeless, families with children, veterans, & youth. This strategy was adopted to meet federal goals of ending homelessness and serving those with the longest homeless history and most severe service needs. The ranking process also included program monitoring, and prioritized renewal projects with the greatest success in connecting tenants with stable housing, increasing income, & benefits, while not penalizing projects serving those with the most severe needs, such as clients receiving SSI/D.

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

The local application process was sent out by email on various listservs and announced at a number of public community planning meetings. The application process was posted on the CoC Lead Agency’s website on June 17, 2016. The announcement of the local selection process included the local application, scoring criteria, and FY2016 funding priorities. The CoC Lead Agency’s website contained these documents as well as the CoC policies regarding the local selection process monitoring process for renewal applications and appeals process. The CoC also hosted multiple widely advertised technical assistance training calls to ensure that all criteria and questions were clarified for potential applicants.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/18/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Monitoring includes a review of performance and compliance through a desk monitoring and on-site monitoring of at least 50% of client files by CoC staff. The Performance & Evaluation Committee completed the monitoring in coordination with the local selection process. Client eligibility documentation, utilization rates, client housing stability, exits to permanent destinations, and connection to mainstream benefits and income were all incorporated in the CoC's monitoring tool & criteria. Performance information is reported from HMIS. Renewals submit evidence of APR submission, drawdown frequency, and recaptured funds for the past 4 operating years. The CoC Lead evaluates progress in addressing previous findings. Quarterly HMIS data is reviewed to determine data quality, project performance in stabilizing participants in permanent housing, connecting them with benefits and increasing their income.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. MOU pages 3 through 7

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

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

2A-4. What is the name of the HMIS software AWARDS

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Foothold Technology, Inc.

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Multiple CoCs

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$50,192
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$50,192

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$2,501
State	\$14,790
State and Local - Total Amount	\$17,291

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$13,604
Other - Total Amount	\$13,604

2B-2.6 Total Budget for Operating Year	\$81,087
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	434	85	321	91.98%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	293	36	257	100.00%
Rapid Re-Housing (RRH) beds	133	3	130	100.00%
Permanent Supportive Housing (PSH) beds	822	36	564	71.76%
Other Permanent Housing (OPH) beds	77	0	77	100.00%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

For PSH programs, there are 222 HUD-VASH beds that are not currently entered in HMIS and will unfortunately not be for the foreseeable future. With these beds included in the number of total beds, the PSH HMIS coverage rate is 76%. Without the HUD-VASH included in the number of total beds, the real HMIS coverage rate would be 100% ($564 \div (822 - 36 \text{ DV} - 222 \text{ HUD-VASH}) \times 100 = 100\%$). The CoC Systems Evaluation subcommittee reviews HMIS coverage rates and has begun conversations with HUD-VASH providers to identify the primary barriers to HMIS data entry in order to increase bed coverage over the next 12 months.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be

attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	4%
3.3 Date of birth	1%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	3%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	19%	8%
3.15 Relationship to Head of Household	2%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	3%	1%

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

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

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

12

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

Monthly

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

Both Project and CoC

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

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

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 05/02/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

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

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

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

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

The CoC conducts a complete census count of the sheltered population through a combination of HMIS data and project and client-level surveys for non-HMIS participating agencies/programs. All sheltering agencies submit project level

surveys the day immediately following the PIT count used to verify the accuracy of HMIS data and client-level survey data. HMIS includes unique identifies (based on SSN, name, age, etc.) that are used for deduplication across HMIS records. The client surveys collect initials, ages, race, gender, and family composition. This information is used to create unique identifiers that are compared against other client level surveys and HMIS records to eliminate duplicates. The CoC conducts a full census due to involvement of all sheltering programs in the process and high data quality of HMIS data. Client-level surveys are used to attain data from DV providers, increase accuracy, to assist in deduplication, and to collect additional information for local planning.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

No change in methodology

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Due to the harsh winter weather experienced in New Jersey during the 2014-2015 winter, there were several churches that provided emergency shelter to unsheltered homeless persons as part of the community code blue system during the previous, FY 2015 PIT Count. During the 2016 count, these code blue shelters were not in operation on the night of the PIT Count. Therefore, these providers were not part of the CoC's PIT or HIC in FY 2016.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

The CoC Lead Agency increased technical assistance and coordination efforts in Gloucester County, which had been a part of the region with slightly lower coverage from homeless assistance providers. Training on data collection methods, follow-up regarding participation, and coordination of communication across the community were enhanced to ensure the maximum possible response rate for the PIT Count.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/26/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

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

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

The CoC uses a client-level survey in known locations along with service-based counts for the unsheltered. The survey included questions about if the survey had been completed before, where respondents slept on the night of the count, and identifying information to allow for de-duplication. Interviews were conducted with each unsheltered person encountered. The street count was conducted from 11 pm – 6am & 10am – 12pm, the times when most of the homeless population are gathering together at their usual meeting sites. The known locations strategy was selected based on the mixed suburban, urban, and rural nature of the region, the number of volunteers available, and because of the extensive knowledge of local outreach teams working with unsheltered populations. The hours were selected according to the times of day when unsheltered persons would be most accessible and evident.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

More Volunteers were secured for large feeding sites so surveys could be conducted at lunch & dinner. Where available, Spanish speaking interviewers & surveys were used. Also, this year, Camden City & Camden County agencies conducted a Summer PIT Count on August 24, 2016 in order to have another point of PIT comparison & analyze seasonal trends. New Visions Homeless Day Shelter served as the site of a resource fair with 12 provider agencies available to link clients to services onsite. Medical screenings for blood pressure were done on site & food, water & toiletries were provided to over 150 clients as well as a hot barbeque meal. Outreach teams went out at 5am throughout the county with food, water & toiletries in backpacks for clients. Sites targeted for outreach were selected by the Homeless Outreach Team with input from Metro Police. This effort will help create momentum for the winter PIT Count & strengthen partnerships & awareness of available resources for consumers.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

The CoC worked to improve the implementation of the PIT count methodology. To do so, the CoC engaged the assistance of multiple outreach organizations in the community in coordinating the unsheltered count and focused more planning time on improving the coverage and survey training for the unsheltered count and Michaels Organization provided breakfast and also had approximately 20 volunteers come out on the day of the PITC to serve meals, conduct surveys and hand out giveaways. Through the expanded planning efforts on the street count, the CoC secured more volunteers for the street

count. The CoC also conducted targeted street count training with the volunteers in addition to the survey training to ensure everyone was familiar with the street count process and expectations. Also, in addition to survey methods training from the statewide PIT Count coordinator, the CoC also had County-by-County planning meetings.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,089	1,068	-21
Emergency Shelter Total	684	631	-53
Safe Haven Total	0	0	0
Transitional Housing Total	270	198	-72
Total Sheltered Count	954	829	-125
Total Unsheltered Count	135	239	104

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	4,210
Emergency Shelter Total	3,881
Safe Haven Total	0
Transitional Housing Total	371

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

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

(limit 1000 characters)

The Systems Evaluation Committee reviews HMIS data for households seeking homeless assistance and first time homeless households in shelter to develop a profile of the households most likely to fall into homelessness. The CoC works with prevention providers to determine the most effective method for targeting prevention resources, and services such as family reunification, childcare, financial management help, legal services, and financial assistance that can stop households from becoming homeless. Center for Family Services & Catholic Charities administer homeless prevention programs providing utility assistance, rental assistance and security deposit to at risk households and the TANF agencies in each county provide rental assistance, childcare and transportation to those individuals and families eligible for assistance. With recent adoption of VI-SPDAT & Coordinated Assessment, the CoC plans more detailed analysis of specific barriers impacting first time homeless households.

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

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

(limit 1000 characters)

The CoC’s HMIS coverage allows it to track the length of time clients remain in ES & TH, as well as their time unsheltered prior to entry. In comparing 8/1/14-7/31/15 to 8/1/15-7/31/16, the average length of stay has decreased for ES (42 days to 18 days) and TH (334 days to 240 days). The CoC has made progress in assisting agencies to understand the Housing First model and its application for all program component types. CoC projects must prioritize beds for those households with the longest histories of homelessness and/or the most episodes of homelessness per CoC adoption of HUD Notice CPD 16-11, reducing average lengths of homelessness in the CoC. In 2013, the CoC de-funded low-performing TH projects and reallocated funds to RRH & Housing First PSH projects, which rapidly move households from homelessness to PH. In addition, the Lead Agency reviews the length of stay in HMIS for TH projects and ESG-funded projects as part of performance monitoring.

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

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

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

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	28
Of the persons in the Universe above, how many of those exited to permanent destinations?	13
% Successful Exits	46.43%

3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	243
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	221
% Successful Retentions/Exits	90.95%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Based on the CoC’s system performance (SPM) from 10/1/14-9/30/15, the overall percentage of returns to homelessness in a 2-year period was 12.3%; only 5.2% from PH. The CoC is able to utilize detailed SPM reports in its HMIS system to better identify projects. The CoC prioritizes projects in which at least 80% of participants exit to/maintain PH, and less than 5% of those who exit return to homelessness. To reduce returns to homelessness, RRH or TH projects must provide at least 6 months of follow-up services to ensure exiting households remain stable in PH. The CoC also monitors the cause for discharge to ensure projects are not enforcing restrictions that cause households to lose housing. CoC grantees CCCOEO & VOA offer budgeting help to clients & other grantees link clients to Cathedral Kitchen culinary arts and Respond, Inc. Auto Repari job training to increase financial stability and prevent returns to homelessness.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-

**employment non-cash sources.
(limit 1000 characters)**

The CoC monitors project performance in increasing participant income based on the percentage of participants that gain/increase income/employment. The CoC uses HMIS data to review whether projects meet the performance standards of having 54% of participants maintaining/increasing income and 20% of those not enrolled in SSI/SSD with employment income. To meet these goals, the Committee has worked with CoC projects to connect consumers with cash benefits using NJ HELPS online pre-screening tools, peer-to-peer training from SOAR certified staff at Cumberland County Guidance Center, and connection to Work First NJ agencies/benefits. CoC agencies aggressively work to connect participants with cash benefits, and refer to local One-Stop Career Centers and employment counseling programs such as Gateway Community Action Partnership’s Jump Start program for resume and job search assistance.

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

Local Workforce Investment Boards (WIBs) currently provide assistance with resume writing, interview skills, and career search to CoC consumers, as well as access to computers, telephones, printers, and an extensive resource library. 25% of CoC projects consistently refer consumers to the One-Stop for employment services. The CoC is working to develop an employment mentoring program in which homeless individuals have opportunity to volunteer with organizations to gain experience and connections to move into employment. The Mainstream Resources & Access to Services Committee engages the local TANF agencies, WIBs, and community agencies to develop programs that specifically serve the needs of the homeless. Gateway Community Action Partnership’s Jump Start program helps CoC consumers with attaining ID, job search skills, resume writing, and employment support groups targeted at the underemployed, or those with barriers such as criminal records.

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

No areas are excluded from the PIT Count. The CoC’s Street Outreach is an aggressive effort to locate unsheltered people throughout the CoC’s geography and at facilities of community providers, particularly people who are elusive or not active help-seekers at risk for long term homelessness, to engage them in housing programs, services, and care, tracking encounters in HMIS. The CoC assisted Volunteers of America in its establishment of the HOT-Homeless Outreach Team, an assertive street outreach model with private, faith-based, CoC, & formerly homeless members, can serve any unsheltered person & complements PATH outreach to those with mental illness. HOT, PATH, Metro Police, & others coordinate outreach strategy around the PIT. CFS & Covenant House provide street outreach for homeless youth. Catholic Charities’ SSVF program does weekly street outreach for homeless veterans. Referrals from any agency can link to CoC projects through Coordinated Assessment.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

No geographic areas were excluded.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/15/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	103	59	-44
Sheltered Count of chronically homeless persons	64	7	-57
Unsheltered Count of chronically homeless persons	39	52	13

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)**

The overall decrease in chronic homelessness and in sheltered chronically homeless persons is attributed to the CoC's priority for the chronically homeless, creating new non-CoC-funded PSH for the chronically homeless, and moving households quickly into permanent housing. The CoC reallocated funds away from low-performing TH projects to prioritize new PSH projects to serve the chronically homeless in FY2012-2014 CoC Competitions and is prioritizing existing non-dedicated beds for the chronically homeless through Coordinated Assessment. The cause for the increase in the unsheltered count was due to the fact that the count was conducted on a night when code blue shelters were not in operation, unlike in the 2015 PIT Count.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	175	225	50

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

In 2015, the CoC developed a Camden FUSE/Housing First project with 50 beds for chronically homeless persons who are frequent users of emergency health services with state-funded rental assistance (SRAP) vouchers from the New Jersey Dept. of Community Affairs and supportive services from the Camden Coalition of Healthcare Providers. This innovative initiative, with support from the Camden County Homeless Trust Fund, has greatly expanded the CoC's ability to provide permanent supportive housing for chronically homeless persons, and has leased up since its beginning in late 2015.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written

standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

In August 2016, the CoC successfully developed 77 Housing First beds for the chronically homeless through New Jersey Dept. of Community Affairs SRAP vouchers with Catholic Charities (20 vouchers), Gateway Community Action Partnership (42), and Volunteers of America (15), including 20 for veteran families which are beginning to lease up. This number of new beds is sufficient to end chronic homelessness in the CoC by 2017 with coordinated assessment and referral to effectively target and prioritize the chronically homeless. The CoC reallocated funds away from low-performing TH projects to prioritize new PSH projects to serve the chronically homeless in the FY2014 CoC Competition and is prioritizing existing non-dedicated beds through Coordinated Assessment for those experiencing the longest length of homelessness and greatest severity of service needs.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

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

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

A screening process is used to identify family needs (provide referral to appropriate diversion, prevention, & housing resources within that agency or CoC partners. If screening shows eligibility for mainstream resources, referral is immediately made to County Boards of Social Services, which provide temporary rental assistance from State Emergency Assistance. Catholic Charities/Volunteers of America rapidly re-house veteran families through SSVF. Center for Family Services and Camden County Council on Economic Opportunity provide RRH through State & Camden City ESG, & CoC funds. Prioritized DV victim families are rapidly moved into CoC RRH & PSH. These projects help reduce the CoC's average length of family homelessness, & the CoC has collaborated with ESG recipients to expand the portion of ESG and other funds used for RRH projects for families. The CoC also partners with agencies receiving State Social Services for the Homeless funding for rent, back rent, utility & fuel assistance.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	19	19	0

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

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

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	102	102	0
Sheltered Count of homeless households with children:	100	94	-6
Unsheltered Count of homeless households with children:	2	8	6

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The cause for the increase in the unsheltered count of homeless families was due to the fact that the count was conducted on a night when code blue shelters were not in operation due to warmer temperatures, unlike in the 2015 PIT Count. Another key factor in the increased unsheltered numbers was eligibility for hotel and/or shelter placement. A portion of the emergency shelter system in the CoC is based on eligibility for Emergency Assistance provided through the local welfare agencies for those households eligible for TANF, GA, or SSI. Between 2015 and 2016 fewer households were being determined by welfare agencies to be eligible for assistance thus reducing the number of people placed in shelter and hotel placements.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

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

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

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

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

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

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

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	36	47	11

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.

(limit 1000 characters)

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$0.00	\$0.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:			\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):			\$0.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	13
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	36

**3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)**

McKinney-Vento Regional Director (MVRD) for Camden/Gloucester Counties attends CoC & Children's Inter-Agency Coordinating Council (CIACC) meetings. The MVRD & District Homeless Liaison (DHL) for Camden City/Bridgeton serve on the CoC's Education & Youth (E&Y) Subcommittee. Also, the MVRD invited CoC Executive Committee (EC)/representatives to present at regional McKinney-Vento (MV) training for DHLs, registrars, etc., & to encourage DHLs to participate in the PIT. State MV Coordinator also participated in this training. DHLs held 2 regional trainings on mobile response, trauma-informed care, & family support resources, with CoC members. The CoC EC & E&Y chairs brought MVRD to share ways to inform school personnel of behavioral health/homeless resources for students & families. Two CoC members run Head Start programs, & 1 EC member. The CoC hosted film screenings of 'Homestretch' with DHLs & CoC E&Y committee, raising community awareness of education challenges for homeless children.

3B-2.11. How does the CoC make sure that homeless individuals and

**families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)**

The CoC has assisted its CoC/ESG-funded agencies in making families aware of their eligibility for and access to educational services by working with the Regional McKinney-Vento Programs and Director to create an understanding of the rights guaranteed, and services available to homeless children and youth through this program. Meeting attendance and cross training have been utilized to promote understanding and awareness. The CoC's upholds HUD policy that CoC/ESG projects serving either individuals or families must have policies consistent with the federal and local laws related to providing educational services to consumers, and have designated staff persons to ensure that children are enrolled in school and receive educational services, as appropriate. When serving a homeless youth, providers Covenant House and Center for Family Services (CFS) work with local homeless liaisons/school districts to maintain youth in their home school district and ensuring transportation costs, scheduling logistics, and educational supports are in place for the consumer. ESG/CoC-funded agency Center for Family Services has increased street and other outreach efforts to homeless youth, and informing youth who engage are always informed about their educational options.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

CoC Executive Committee member Center for Family Services provides Early Head Start/Child Care Partnership, Head Start, and Family CONNECT—in-home medical services for children with special needs. CoC Lead Agency CPAC is signed on to The Camden Covenant, established in response to a KIDS COUNT Report issued by Advocates for the Children of New Jersey in 2009. The Covenant is built around a Bill of Rights for Children and a Vision developed by a group of over forty parents & twenty-five youth. This framework establishes the Council for Young Children will plan the Early Childhood Success Network. Members of that network include Healthy Start, Head Start and the Southern NJ Perinatal Cooperative. These Early Childhood Success partners provide services to infants, toddlers and young children and are a referral source for CoC agencies. Members of the CoC also on their respective county Youth Services Commission, a body that CPAC convenes in Camden County.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	144	151	7
Sheltered count of homeless veterans:	136	135	-1
Unsheltered count of homeless veterans:	8	16	8

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Increased unsheltered & decreased sheltered vet counts are related in part to relatively warmer weather on the night of the 2016 PIT Count compared to 2015 and a Code Blue was not in effect, so there were no additional Code Blue shelter beds available, as in past years. Another factor in the increased unsheltered numbers was eligibility for hotel and/or shelter placement. A portion of the shelter system in the CoC is based on eligibility for Emergency Assistance provided through the local welfare agencies for those households eligible for TANF, GA, or SSI. Between 2015 and 2016 fewer households were determined to be eligible for assistance thus reducing the number of people placed in shelter/hotel placements. The CoC's numbers also reflect 80 vets in the NJ Division of Military and Veterans' Affairs GPD Veterans' Haven TH Program. So, although the CoC is not on track to end vets' homelessness by

year end, it is closer to the goal of 'functional zero' than this PIT Comparison shows.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

Vets are identified directly by outreach conducted by PATH/SSVF agencies, VA Multi-Service center staff who serve HUD-VASH consumers, & CoC members coordinate vet referrals to Catholic Charities (CC) SSVF & Volunteers of America (VOA) GPD for eligibility screening. All these partners collect/track vet status as a required field in HMIS. The CoC's 2 regional Vet Master List case conferencing groups include SSVF/VAMC/other providers to ensure all vets are screened for all vet resources, including SSVF, CoC/ESG & HUD-VASH. For vets pending HUD-VASH intake, SSVF is used to help find a unit, provide security deposit, & lease up with HUD-VASH providing long-tern subsidy. CC also refers to VA grant/per diem projects such as NJ Division of Military & Vets Affairs Vets Haven & VOA's Home for the Brave, which provide TH for vets needing intensive services/addiction treatment or VOA's Homeless Vets Reintegration Program, which provides employment counseling, to help them move to PH.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	57	151	164.91%
Unsheltered Count of homeless veterans:	11	16	45.45%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?

(limit 1000 characters)

The CoC received technical assistance from a HUD TA provider to assist in its efforts to end vet homelessness, and mobilized a Vets Homelessness Leadership Committee with local elected officials, housing agencies, vet & homeless providers, local VA & VAMC staff, & CoC leadership. The CoC developed two regional Master List provider groups which are meeting to case conference housing options for homeless vets. Group partners are working to sign a release of information to make these by-name lists. SSVF provider Catholic Charities has been awarded 20 Housing First SRAP vouchers to house 20 chronically homeless vet families in the CoC, and CoC Executive Committee member Gloucester Housing Authority received 19 project-based HUD-VASH vouchers. Both initiatives are beginning to house prioritized vets. The CoC plans to work with GPD provider Vets Haven on federal benchmarks for functional zero by determining which vets seek other housing options and which prefer a GPD treatment setting.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	0%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Executive Committee (EC) member & CoC/ESG grantee Center for Family Services (CFS) is the CoC Health Care Navigator. From 1/1/16-6/30/16 CFS assisted over 500 homeless consumers & enrolled 158 in the CoC. CoC agencies actively refer consumers to CFS for help enrolling in health insurance. EC members Inspira Health & the Camden Coalition of Healthcare Providers (Virtua Health, Our Lady of Lourdes, Cooper Health, & Project H.O.P.E [PH]) are key health care collaborators, educating CoC & community partners about how best to link homeless clients to health insurance. PH & Community Health

Care have received Health Center Outreach & Enrollment Assistance grants to serve the CoC’s geographic area through education & outreach to low-income persons regarding health insurance, including those who are homeless & at-risk of homelessness. PH has partnered with New Visions Homeless Day Shelter, Joseph’s House emergency shelter, & VOA to provide onsite health care linkage services to consumers.

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

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

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	0%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	0%

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

Direct outreach and marketing:	X
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Aunt Bertha, camdenhealth.auntbertha.com was introduced to the CoC by the Camden Coalition of Healthcare Providers in the spring of 2016 as a resource for the SNJCoC	<input checked="" type="checkbox"/>
camdencountyresourcecompass.org is a partnership between CPAC, the Office of the Attorney General and some other Youth Services Commission agencies	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	66	79	13

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

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

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must

include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

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

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>

Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Ending Veteran Homelessness guidance, help establishing veteran master list process, governance, & information sharing	12/01/2015	5

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes		
14. Other	No		
15. Other	No		

Attachment Details

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Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/12/2016
1B. CoC Engagement	09/11/2016
1C. Coordination	09/11/2016
FY2016 CoC Application	Page 62
	09/12/2016

1D. CoC Discharge Planning	09/11/2016
1E. Coordinated Assessment	09/11/2016
1F. Project Review	09/11/2016
1G. Addressing Project Capacity	09/11/2016
2A. HMIS Implementation	09/11/2016
2B. HMIS Funding Sources	09/11/2016
2C. HMIS Beds	09/11/2016
2D. HMIS Data Quality	09/11/2016
2E. Sheltered PIT	09/11/2016
2F. Sheltered Data - Methods	09/11/2016
2G. Sheltered Data - Quality	09/11/2016
2H. Unsheltered PIT	09/11/2016
2I. Unsheltered Data - Methods	09/12/2016
2J. Unsheltered Data - Quality	09/12/2016
3A. System Performance	09/12/2016
3B. Objective 1	Please Complete
3B. Objective 2	Please Complete
3B. Objective 3	09/12/2016
4A. Benefits	Please Complete
4B. Additional Policies	Please Complete
4C. Attachments	Please Complete
Submission Summary	No Input Required