1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): IL-510 - Chicago CoC

CoC Lead Organization Name: Chicago Alliance to End Homelessness

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group:	Chicago Planning Council on Homelessness
Indicate the frequency of group meetings:	Bi-monthly
If less than bi-monthly, please explain (limit 500 characters):	
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	
Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	70%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	X
Assigned:	
Volunteer:	
Appointed:	X
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Representatives of the Chicago Planning Council on Homelessness are chosen in three ways: 1) seven government members are appointed by the Government Providers group consisting of local, state, and federal agencies; 2) 15 members are elected by the Chicago Alliance to End Homelessness, including consumers, service providers, Chicago Alliance Board members, and the CEO of the Chicago Alliance; 4) one at-large member from the philanthropic community is chosen by the Grantmakers Concerned with Ending Homelessness. The selection process was established to ensure that the Chicago Planning Council was fully representative of all the entities impacted by and serving people who are homeless.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	X

Specify "other" process(es):

The Chair of the Chicago Planning Council on Homelessness rotates annually between members of the Planning Council that represent the public, private, and consumer sectors.

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. If our CoC were provided with additional funding, the Chicago Planning Council on Homelessness would designate an entity to be responsible for all HUD activities described above. The Planning Council has designated the Chicago Alliance to End Homelessness to organize the application for HUD funding and the Chicago Alliance would be strongly considered to provide project oversight and monitoring in the future.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
HUD McKinney Vento Committee	The HUD McKinney Vento Committee is responsible for the annual HUD Continuum of Care Homeless Assistance Program NOFA process. Annually, the committee must develop a calendar for the NOFA process, approve and recommend the project evaluation instrument to the Chicago Planning Council on Homelessness, and oversee the application process for new project applications.	Monthly or more
HMIS Committee	The HMIS Committee is responsible for monitoring the implementation of Chicago¿s HMIS system, coordinating a users group, and evaluating and updating HMIS Standard Operating Procedures as necessary.	Bi-monthly
Evaluation Tool Subcommittee	The Evaluation Tool Subcommittee of the Chicago Planning Council on Homelessness is responsible for the development of an effective evaluation instrument to rate and rank programs as part of the annual HUD Continuum of Care Homeless Assistance Program NOFA application process.	Bi-monthly
Ranking Policies Task Group	The Ranking Policies Task Group is responsible for recommending ranking policies for the annual HUD Continuum of Care Homeless Assistance Program NOFA application process to the Chicago Planning Council on Homelessness.	Bi-monthly
Discharge Planning Committee	The Discharge Planning Committee is a steering committee made up of service provider agencies and individuals who have experienced homelessness that works to implement discharge planning best practices in the areas of health care, mental health, veterans, youth, jails, and prisons.	Bi-monthly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
A Safe Haven	Private Sector	Businesses	Committee/Sub-committee/Work Group	Substance Abuse
Access Living	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
AdlerSchool of Professional Psychology	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
AIDS Foundation of Chicago	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Ab...
EdgeAlliance	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Alexian Brothers	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Alivio Medical Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Alternatives, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Ambassadors for Christ	Private Sector	Faith-b...	None	NONE
Apna Ghar	Private Sector	Non-pro...	None	Domestic Vio...
Ashanti	Private Sector	Non-pro...	None	NONE
Association House of Addiction Services	Private Sector	Non-pro...	None	Substance Abuse
Aunt Martha's Youth Center	Private Sector	Non-pro...	None	Youth

Barbara Burks	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Beacon Therapeutic	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
BEHIV	Private Sector	Non-pro...	None	NONE
Bethel New Life	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Between Friends	Private Sector	Non-pro...	None	Domestic Vio...
Bobby E. Wright Mental Health Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Boeing Company	Private Sector	Funder ...	None	NONE
Brand New Beginnings	Private Sector	Non-pro...	None	NONE
Breaking Ground	Private Sector	Non-pro...	None	NONE
Breakthrough Urban Ministries	Private Sector	Faith-b...	None	NONE
Brenda Whitaker	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Brian McManaman	Individual	Formerl...	Committee/Sub-committee/Work Group	NONE
Cabrini Green Legal Aid Clinic	Private Sector	Other	None	NONE
Cara Project, The	Private Sector	Non-pro...	None	NONE
Carolyn's Connections, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Casa Central	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Casa Esperanza	Private Sector	Non-pro...	None	NONE
Cathedral Shelter of Chicago	Private Sector	Faith-b...	None	Seriously Me...

Catholic Charities of the Archdiocese of Chicago	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Center for Self Care	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Center for Working Families in the Quad Communi...	Private Sector	Non-pro...	None	NONE
Centers for New Horizons	Private Sector	Non-pro...	None	NONE
Central American Martyrs Center	Private Sector	Non-pro...	None	NONE
Central City Housing Ventures	Private Sector	Non-pro...	None	NONE
Cermak Health Services of Cook County, Mental H...	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Chase House	Private Sector	Non-pro...	None	NONE
Chicago Alliance to End Homelessness	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Chicago Anti-Hunger Federation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Chicago Christian Industrial League (CCIL)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Chicago Coalition for the Homeless	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Chicago Community Trust	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Chicago Department of Community Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Chicago Department of Family and Support Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Chicago Department of Public Health	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Chicago Family Health Center, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Chicago House and Social Service Agency	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
Chicago Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE

Chicago Low Income Housing Trust Fund	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Chicago Public Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Children's Place Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Christian Community Health Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Christopher House	Private Sector	Non-pro...	None	NONE
Circle Family Care	Private Sector	Non-pro...	None	NONE
Circle Urban Ministries	Private Sector	Non-pro...	None	NONE
Mayor's Office for Domestic Violence	Public Sector	Local g...	None	Domestic Vio...
Community Economic Development Agency (CEDA)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Community Mental Health Council, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Community Supportive Living Systems	Private Sector	Non-pro...	None	HIV/AIDS
Concerned Citizens	Private Sector	Non-pro...	None	NONE
Congresswoman Jan Schakowsky	Public Sector	Other	None	NONE
Connections for Abused Women and their Children	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Cook County Bureau of Health Services	Public Sector	Local g...	None	NONE
Cook County Commissioner Collins' Office	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Cook County Dept of Planning and Development	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Cook County Dept of Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Cook County Sheriff's Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE

Cornerstone Community Outreach	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Corporation for Supportive Housing	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Counseling Center of Lakeview	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Creative Choices (A Unique Choice)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Creative Consulting Solutions	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
David Granberry	Individual	Homeles...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Deborah's Place	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Donna Calvin	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Dorothy Yancy	Individual	Homeles...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Edgewater Community Council, Inc.	Private Sector	Non-pro...	None	NONE
Edward Hines, Jr. VA Hospital	Public Sector	Other	None	Veterans
Emergency Fund	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Erie Family Medical Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Evon McAllister	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Excellent Way Urban Outreach Ministry	Private Sector	Non-pro...	None	NONE
EZRA Multi-Service Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Faith Way NFP	Private Sector	Faith-b...	None	NONE
HHS Administration for Children and Families Re...	Public Sector	Other	Committee/Sub-committee/Work Group	NONE

Family Rescue	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domesti c Vio...
Featherfist	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Field Foundation	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Fourth Presbyterian Church/Chicago Lights	Private Sector	Faith -b...	None	NONE
Franciscan Outreach Association	Private Sector	Faith -b...	None	NONE
Fred Friedman	Individual	Hom eles...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Genesis House	Private Sector	Non-pro...	None	NONE
Goldie's Place	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Good News Partners	Private Sector	Non-pro...	None	NONE
Good Samaritan Community Services, Inc.	Private Sector	Non-pro...	None	NONE
Great Hope Family Center	Private Sector	Non-pro...	None	NONE
Haymarket Center/House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Healthcare Alternative Systems, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Heartland Alliance	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Holy Rock	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
House of the Good Shepherd	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Housing Action Illinois	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Housing Opportunities for Women	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...

Howard Area Community Center	Private Sector	Non-pro...	None	NONE
Hull House Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Human Resources Development Institute, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Humboldt Park Social Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Illinois Dept of Children and Family Services	Public Sector	State g...	Committee/Sub-committee/Work Group	Youth
Illinois Dept of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Illinois Dept of Human Services	Public Sector	State g...	Primary Decision Making Group	Seriously Me...
Illinois Housing Development Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Illinois Hunger Coalition	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Inner Voice, The	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans
Inspiration Corporation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Institute of Women Today	Private Sector	Non-pro...	None	NONE
Interfaith Council for the Homeless	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Interfaith House	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Interfaith Housing Development Corporation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Irene Cabello	Individual	Homeles...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Keith Richardson	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Korean American Women in Need	Private Sector	Non-pro...	None	NONE

La Casa Norte	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Lambb/CDD Foundation	Private Sector	Funder ...	None	NONE
LaSalle Street Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Latin United Community Housing Association	Private Sector	Non-pro...	None	NONE
Lawyer's Committee for Better Housing	Private Sector	Non-pro...	None	NONE
League of Women Voters of Illinois	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Legal Assistance Foundation of Metropolitan Chi...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Lincoln Park Community Shelter	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Lonnie Fulton	Individual	Homeles...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Loyola University Chicago	Public Sector	School ...	None	NONE
Lutheran Social Services of Illinois	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Mark Czyzewski	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Matthew House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Mayor's Office of Workforce Development	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Mental Health Association of Greater Chicago	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Mercy Housing Lakefront	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Metro North Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Metropolitan Family Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

Michael Reese Health Trust	Private Sector	Fun der ...	None	NONE
Social IMPACT Research Center	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Mt. Sinai Hospital	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	NONE
Mujeres Latinas En Accion	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
National Alliance for the Mentally Ill of Great...	Private Sector	Non- pro.. .	None	NONE
National Louis University	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE
Neopolitan Lighthouse	Private Sector	Non- pro.. .	None	NONE
New Life Family Services	Private Sector	Non- pro.. .	None	NONE
New Moms	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Youth
New Phoenix Assistance Center	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	HIV/AID S
Next Steps	Private Sector	Non- pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Night Ministry, The	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Youth
North Side Housing and Supportive Services	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Northwestern Memorial Hospital, Union House	Private Sector	Hos pita.. .	None	Seriousl y Me...
Olive Branch Mission	Private Sector	Non- pro.. .	None	NONE
Operation Brotherhood	Private Sector	Non- pro.. .	None	NONE
Ordinary People NFP	Private Sector	Non- pro.. .	None	NONE

Organization of the Northeast	Private Sector	Non-pro...	None	NONE
Pacific Garden Mission	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
People Reaching Out Center	Private Sector	Non-pro...	None	NONE
Pilsen Little Village Community Health Center	Private Sector	Non-pro...	None	NONE
Pilsen Wellness Center	Private Sector	Non-pro...	None	NONE
Polish American Association	Private Sector	Non-pro...	None	NONE
Polk Bros. Foundation	Private Sector	Funder ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Port Ministries	Private Sector	Faith-b...	None	NONE
Prairie State Legal Services	Private Sector	Non-pro...	None	NONE
Primo Center for Women and Children	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Project RUSH	Private Sector	Non-pro...	None	Youth
Protestants for the Common Good	Private Sector	Faith-b...	None	NONE
Rainbow House	Private Sector	Non-pro...	None	Domesti c Vio...
Red Cross	Private Sector	Non-pro...	None	NONE
Rehabilitation Institute of Chicago	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Renaissance Collaborative	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Renaissance Social Services, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Residents for Effective Shelter Transitions	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...

Resurrection Behavioral Health	Private Sector	Faith-b...	None	NONE
Resurrection Project	Private Sector	Non-pro...	None	NONE
Rush-Presbyterian St. Luke's Medical Center	Private Sector	Hospita...	None	NONE
Safer Foundation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Salvation Army Evangeline Booth Lodge	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
San Jose Obrero Mission	Private Sector	Faith-b...	None	NONE
Sarah's Circle	Private Sector	Non-pro...	None	NONE
Single Room Housing Assistance Corp.	Private Sector	Non-pro...	None	NONE
Social Security Administration	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Southwest Chicago PADS	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
St. Leonard's Ministry	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
St. Martin de Porres House of Hope	Private Sector	Non-pro...	None	Youth, Subst...
St. Vincent de Paul Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Representative Julie Hamos	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Supportive Housing Providers Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Teen Living Program	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
The ARK	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
The Housing Authority of Cook County	Public Sector	Public ...	None	NONE
Thresholds, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...

Treatment Alternatives for Safe Communities	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Trilogy, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
U.S. Dept. of Housing & Urban Development	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
U.S. Dept of Labor	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
U.S. Dept of Veterans Affairs	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
UIC Center on Mental Health Services Research...	Public Sector	School ...	None	NONE
United Way of Metropolitan Chicago	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Unity Parenting and Counseling Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
University of Chicago Mandel Legal Aid Clinic	Public Sector	School ...	None	NONE
Uptown People's Law Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Urban Family & Community Shelters	Private Sector	Non-pro...	None	NONE
Vision House	Private Sector	Non-pro...	None	NONE
Vital Bridges	Private Sector	Non-pro...	None	HIV/AIDS
Volunteers of America of Illinois	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans, HI...
Walls Memorial / Joshua Ministries - Shelter	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans
WECAN	Private Sector	Non-pro...	None	NONE
West Englewood United Organization	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Winfield Moody Health Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Women's Treatment Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

YMCA Lawson House	Private Sector	Faith-b...	None	NONE
You Can Make It	Private Sector	Non-pro...	None	NONE
Lutheran Child and Family Services	Private Sector	Faith-b...	None	Youth
Chicago Office of Budget and Management	Public Sector	Local g...	Authoring agency for Consolidated Plan	NONE
Paula Nixon	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Caesar Hill	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

There was a decrease in nearly 280 beds for Emergency Shelter between 2008 and 2009, which breaks down to 228 fewer emergency beds for singles and 48 fewer emergency beds for families with children. This decrease is due to the conversion of emergency shelter beds to a transitional housing model of "interim housing." This transition is fully in line with Chicago's Plan to End Homelessness, which envisions a smaller emergency system and a larger transitional (interim) system, with a focus on rapid placement in PH.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Despite a major transition of beds from ES to TH, the actual net gain was only 7 beds. This is because several TH programs converted to PH, and a few others closed altogether.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Family beds in PH fluctuate based on the size of families occupying the dedicated units, which may change from year to year. In Chicago, permanent providers historically document only the units, and beds were determined by a "multiplier" or estimate. As providers improve the tracking of actual family beds for activities such as the housing inventory, the figures are more accurate to true family size. So, while the total units of PH have actually increased by 200 units, the bed count for 2009 decreased.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:	Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Chicago CoC 2009 ...	11/23/2009

Attachment Details

Document Description: Chicago CoC 2009 e-HIC

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/27/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Other, Confirmation, HMIS

Must specify other:

Used agency web-sites to confirm program description and bed capacity, as needed.

Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Unsheltered count, HUD unmet need formula, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Annually, stakeholders from the City of Chicago, Chicago Alliance to End Homelessness and the Corporation for Supportive Housing review usage patterns and assumptions of Chicago's homeless service system. These stakeholder discussions review local data including the biennial Point-in-Time censuses and the Housing Inventory Chart which is updated quarterly. These assumptions and local data are used to complete the HUD unmet need formula.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	IL-510 - Chicago CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	10/06/2008
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, Poor data quality, No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

Chicago's HMIS has grown significantly since 2005 and includes 530 programs and 1,000 users. More staff is needed to meet the technical assistance demands of users and address systemic data quality issues. To overcome this the HMIS lead, the CoC lead, and the HMIS committee of the governing body have developed a detailed work plan, adopted in October 2009, which will serve as the MOU. It outlines responsibilities for working with user agencies and producing regular reports to measure progress. The biggest data quality issue is the clean up of records due to the data migration from Softscape to Bowman HMIS. Some client records (both migrated and records entered into the new system), were incorrectly entered into an agency and not a program. This incorrect entry makes is difficult to determine which program a person is using, assign accurate bed coverage, and impacts AHAR reporting. We have identified the issues for the agencies and are instructing in clean up.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Chicago Department of Family and Support Services
Street Address 1	1615 W. Chicago Avenue
Street Address 2	
City	Chicago
State	Illinois
Zip Code **Format: xxxxx or xxxxx-xxxx**	60622
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Jonathan
Middle Name/Initial	
Last Name	Lam
Suffix	
Telephone Number: (Format: 123-456-7890)	312-746-8220
Extension	
Fax Number: (Format: 123-456-7890)	312-743-7608
E-mail Address:	jlam@cityofchicago.org
Confirm E-mail Address:	jlam@cityofchicago.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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

*** Emergency Shelter (ES) Beds**	0-50%
*** Safe Haven (SH) Beds**	86%+
*** Transitional Housing (TH) Beds**	76-85%
*** Permanent Housing (PH) Beds**	65-75%

How often does the CoC review or assess its HMIS bed coverage? Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

The switch to the Bowman HMIS has been a positive step in increasing participation of HUD and non-HUD programs. With any new system, we are having to do significant outreach to HMIS user agencies to ensure that they are accessing the system properly. As described in the barriers section of 2A, the fact that users are incorrectly enrolling clients into the agency level instead of the program level is making it difficult to determine bed coverage. We do not feel confident in assigning full bed coverage to programs that have not corrected these enrollment issues. So while we have a greater number of programs using the system and entering clients overall, we have seen a slight decline in overall bed coverage mainly for the reason previously stated. We are working vigorously to have user agencies review and enroll all clients into the proper programs. We expect to see this corrected in the near future which will result in higher bed coverage.

The emergency shelter category continues to have the lowest bed coverage rates because one non-government funded program, that represents 50% of the single emergency beds, does not participate in the HMIS. The HMIS and CoC lead agencies will continue to communicate with this agency about the value and benefits of participating in the HMIS in the hopes that they will begin participating in the near future.

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	3%	17%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	1%	0%
* Veteran Status	1%	5%
* Disabling Condition	56%	9%
* Residence Prior to Program Entry	1%	1%
* Zip Code of Last Permanent Address	3%	47%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Semi-annually
How frequently does the CoC review the quality of program level data?	Semi-annually

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

HMIS training is conducted monthly where trainers emphasize data quality. Additionally, user agencies are convened at least biannually to receive program level data quality reports and discuss common issues impacting the system. Finally, agencies are also now receiving Advanced Report Tool training so they can chart their data quality progress independently. However, the HMIS Lead Agency will regularly run data quality reports and provide technical assistance as needed.

Two other important changes to the HMIS tool will improve data quality: agencies can de-duplicate clients by grouping records together, and all UDE's are captured on the intake screen and are required before enrolling a client into the system.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Chicago's HMIS Standard Operating Procedures state that clients must be entered into HMIS within 7 days of program enrollment and their records must be updated within 24-hours of client contact, including program exit. HMIS training emphasizes the importance of entering and exiting clients in a timely manner, and the new HMIS allows entry and exit dates to be modified as needed to reflect the accurate dates of enrollment if clean up is needed.

Chicago has developed a data quality report that indicates the program's entry and exit of clients in HMIS. Each participating HMIS agency received this report several times throughout 2009 and agencies that were not entering or exiting clients properly were required to correct these records.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Never
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Semi-annually
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

*** Unique user name and password**	**Quarterly**
*** Secure location for equipment**	Never
*** Locking screen savers**	Never
*** Virus protection with auto update**	Never
*** Individual or network firewalls**	Quarterly
*** Restrictions on access to HMIS via public forums**	Never
*** Compliance with HMIS Policy and Procedures manual**	Quarterly
*** Validation of off-site storage of HMIS data**	Never

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Quarterly
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Annually
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	09/10/2008
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Never
Data Quality training	Semi-annually
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Never
Basic computer skills training	Never
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/27/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 75	786	22	883
Number of Persons (adults and children): 244	2,564	90	2,898

Households without	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 1,447	1,101	794	3,342
Number of Persons (adults and unaccompanied youth): 1,447	1,101	794	3,342

All Households/	All Persons		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Total Households: 1,522	1,887	816	4,225
Total Persons: 1,691	3,665	884	6,240

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	416	273	689
*** Severely Mentally Ill**	636	109	745
*** Chronic Substance Abuse**	929	215	1,144
*** Veterans**	257	115	372
*** Persons with HIV/AIDS**	185	24	209
*** Victims of Domestic Violence**	838	159	997
*** Unaccompanied Youth (under 18)**	31	0	31

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count?	Biennially
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/27/2009

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers:	92%
Transitional housing providers:	96%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	X
HMIS:	
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Provider sites conducted a direct count of all clients present on the night of the 2009 point-in-time count. Participating providers were given standardized forms on which to record single individuals, families with children (and family relationship either head of household or other family member), and characteristics such as age, gender, race and ethnicity. All shelters were provided tally sheets and a set of surveys, each with a unique number. A designated staff person or volunteer was responsible for counting all homeless people staying at the shelter on January 27, 2009 between 7-9 pm using the tally sheet.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The total sheltered population increased from 4,346 persons counted in the 2007 P.I.T. to 5,356 persons counted in the 2009 P.I.T. The increase in persons is exclusively due to the addition of transitional housing programs that were not required to participate in the 2007 count. These transitional housing programs new to 2009 provide two-year rental assistance in scattered-site apartments. If we were to compare only the facility-based emergency and transitional programs that participated in both 2007 and 2009 counts, we would find a 1% decrease in the number of homeless persons. The slowing in progress in reducing sheltered homelessness between 2007 and 2009 can only be attributed to the effects of the economy. This conclusion is drawn because the Chicago CoC had continued its prevention and rehousing efforts as well as made significant gains to re-house long-term homeless individuals and families between 2007 and 2009

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	X
Sample strategy:	Random Sample
Provider expertise:	
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

Shelter providers that participated in the 2009 point-in-time count surveyed a ten percent random sample of heads of households in each shelter. All providers received training on how to conduct the survey and select a random sample and were instructed to return the surveys within 24 hours of the count. The survey contained questions regarding substance abuse history, mental health history, etc. and other demographic data, such as employment status, sources of income, and participation in mainstream benefits.

The survey data were extrapolated based on sample weights constructed relative to the shelter/program response rate. To do this, sample size for each site was divided by total number of homeless counted (from tally sheet) for each site. These response rates were then used to develop specific relative weights to apply to each observation in the survey. Although each shelter was instructed to interview 10 percent of all clients on the night of the PIT count, practical considerations in many instances resulted in a greater or smaller fraction of all residents actually being interviewed. Based on tally sheet counts, the median sample size was 20 percent of the total with the smallest sample size being 5 percent and the largest being 100 percent. Consequently, a set of shelter-level weights were constructed in order to insure that the representation of persons staying in each shelter during the 2009 count, relative to all shelter residents, was as correct as possible.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

The changes to subpopulation data for the 2009 point-in-time count can be attributed to three primary factors: addition of new transitional housing sites (DV,HIV); modification of several questions on the survey (MI,SA), and natural demographic changes (CH,VA).

As described in 2L, new transitional housing program sites were included in the 2009 count that were not reflected in the 2007 count and subpopulation data. Some of the new sites are designated for people with HIV/AIDS or victims of domestic violence, which we believe contributed to the increased prevalence of persons with these subpopulations.

Regarding the subpopulations of severe mental illness and chronic substance abuse, the survey tool was modified to improve questions asked to solicit these characteristics. In 2009 fewer questions were used to derive mental health and substance abuse rates, which could have contributed to the decrease in these areas. Also, the Chicago CoC has prioritized people with severe mental illness in permanent housing programs and reducing housing barriers to people with chronic substance abuse, which may now be showing results.

The decrease in veterans is likely attributed to outreach and resources directed to this specific subpopulation such as HUD VASH vouchers. However, the increase in chronic homeless persons in shelter is likely the result of increased outreach to bring single adults in off the street to engage in services beginning with shelter.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	
Training:	X
Remind/Follow-up	X
HMIS:	
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

The Chicago CoC used several de-duplication techniques to ensure data quality of the shelter count. The Chicago CoC used sequentially numbered surveys and tallies to create an inventory of data collection documents. The survey and tally numbers issued to a participating shelter during the count were logged and checked against their submission. Further, the unique survey and tally number ensured that no data was entered or used twice. A designated staff person or volunteer was responsible for counting all homeless people staying at the shelter on January 27, 2009 between 7-9 pm using the tally sheet.

Staff from the Department of Family and Support Services (DFSS) were trained by the consultant to complete the data entry using a database and entry system created for the 2009 Point-In-Time count. Data entry was completed within a few weeks of the count.

The research consultant received the original data base from DFSS and reviewed contents to correct any mistakes in data entry.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	X
Service-based count:	
HMIS:	
Other:	

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The Chicago CoC used several de-duplication techniques to ensure the data quality of the unsheltered persons count. The city was divided geographically by census tracts to ensure complete coverage and to eliminate teams crossing other teams' borders. During the count, counters wore identifiers for other teams to easily identify them. Counters also distributed hats and gloves to the unsheltered individuals who were counted. The hats and gloves were all similar in type and color. During training, the counters were shown a sample of the clothing and were advised that unsheltered individuals who were wearing the hats and gloves the night of the count were given these items by other counters and thus already included in the count.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The results of the 2009 Point in Time Count indicated a very small number of unsheltered households (22) with children, which is the same number found in 2007. Unsheltered households with dependent children are rare in Chicago because of the coordinated and diverse homeless service system, as well sufficient space in the family shelter system. The City of Chicago Department of Family and Support Services and community-based agencies, as described in the next section, provide continuous city-wide street outreach that seeks to get households off the street immediately, either into shelter or permanent housing. DFSS has brokered a partnership with the Chicago Public Schools so homeless liaisons in the schools can contact DFSS for immediate assistance if they learn of families living on the street or in their car, etc. Students and families often present their needs first within the schools and so coordination between homeless services and education systems is logical outreach strategy to prevent unsheltered homelessness among families.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The Chicago CoC has multiple organizations that conduct regular,round-the-clock engagement of unsheltered homeless persons. DFSS operates a 24-hour emergency services and homeless outreach program that tracks known locations of homeless persons and attempts to bring them into shelter or connect with housing. City staff also respond to public calls or well-being checks made on behalf of the homeless. Agencies that are supported by the Illinois Department of Human Services Division of Mental Health and other homeless services funding deliver clinical services to the homeless and follow individuals over extended periods of time to engage them into permanent housing and treatment programs.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

As the 2009 point-in-time count results show, the unsheltered homeless population has declined significantly, by nearly 700 people (38%) since the 2007 homeless count. The largest factor contributing to the decrease is the targeting of permanent supportive housing resources for the chronically homeless and non-disabled long-term homeless individuals. Since the 2007 count, Chicago has fully implemented its Street-to-Home initiative which has placed over 130 unsheltered homeless in housing and two HUD Samaritan initiatives. Additionally, more than 200 long-term homeless individuals and families were assisted by the Rental Housing Support Program between 2006 and 2008. Lastly, the CoC policy for new HUD-funded permanent housing programs places a priority on serving individuals living in areas of the city with a documented concentration of unsheltered homeless.

The homeless system is not alone in targeting housing and services for the chronically homeless. Begun in 2008 the State of Illinois operates a housing program for homeless people with severe mental illness who can receive services and housing as an alternative to hospitalization/institutionalization. This support from multiple systems has resulted in a decline in unsheltered homeless.

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

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The Chicago CoC has applied for the Permanent Housing Bonus Project funding in the 2009 application, and 4 out of the 5 selected projects target chronically homeless individuals. CoC stakeholders such as the City of Chicago, street outreach providers, housing providers, and state mental health agencies will work to identify housing units and property owners that will accept new subsidies. We have developed a housing screening tool that is meant to assist shelter and outreach providers more quickly identify and apply for permanent supportive housing for chronically homeless or disabled households. If we do not receive bonus funding, we will work within the CoC providers on increasing the priority and access to housing for those who are chronically homeless.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Chicago is aggressively working on developing a steady pipeline of new permanent supportive housing that will open each year. We are also working toward the creation of a centralized access point for permanent supportive housing. This would serve to systematically increase access to housing for chronically homeless households. Additionally, the Chicago CoC - both its public and private membership - is represented on state-wide task forces on the creation of permanent housing for the homeless. This includes prioritizing homeless and chronically homeless within other systems' housing plans such as corrections and mental health. Currently the Illinois Housing Development Authority prioritizes the creation of permanent supportive housing, which will assist Chicago in its goals of serving the chronically homeless.

How many permanent housing beds do you currently have in place for chronically homeless persons?	1,902
How many permanent housing beds do you plan to create in the next 12-months?	2,002
How many permanent housing beds do you plan to create in the next 5-years?	2,552

How many permanent housing beds do you plan to create in the next 10-years?	2,902

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Chicago CoC has performed extremely well in the permanent housing retention category in that we have exceeded HUD housing retention goals. We will continue to exceed or maintain the performance threshold by training housing providers on housing retention services, eviction prevention strategies, and continue to incentivize retention performance. If we are unable to engage all providers in implementing these best practices, we will still use our local program evaluations to give significant weight to housing retention in competition for funding. We belive this incentive will help ensure that we meet or exceed the HUD standard.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Chicago has already exceeded the HUD goal of 77%, with 84% retention rate. The key to housing retention is ensuring a good match between the household and the program type. Chicago has launched a web-based screening tool to assist with this match and we are developing other tools to ensure the housing fit. A second key is ensuring sufficient supportive services. Chicago advocates on an on-going basis with other stakeholders to secure funding sources for housing placement and retention strategies, including with the city and state, and from private foundations.

What percentage of homeless persons in permanent housing have remained for at least six months?	84
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	85

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	87
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	90

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Chicago CoC currently exceeds the HUD standard in moving from transitional housing to permanent housing. We will continue to meet or exceed the standard by focusing services in transitional housing on permanent housing attainment and income or employment attainment, and providing regular training opportunities for providers in implementing strategies. We have incorporated a web-based screening tool into transitional housing activities that facilitates permanent housing program identification including application and contact information. Clients are matched to housing options based on their characteristics and permanent housing program criteria. Chicago has also launched a locally-funded rapid rehousing program that moves clients out of transitional housing to permanent housing. In addition, we will be using the HPRP funds for rapid rehousing activities. As most of these efforts are locally-funded we anticipate successful implementation and expansion.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Chicago has the mechanism in place to move people from TH to PH, as evidenced by our 67% rate. The key to increasing this is to increase the supply of PH. To develop more PH, Chicago is developing a housing graduates program, to move current residents of PH into market or other assisted housing in the community and thus free up some PH units. We are in conversations with the Chicago Housing Authority to access/coordinate senior housing developments and Section 8/Housing Choice Vouchers in the long-term. We have also set housing production goals that recognize the needs of each subpopulation in our system and are now advocating for state and federal funds and with our state and local rental assistance programs to develop these units.

What percentage of homeless persons in transitional housing have moved to permanent housing? 67

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Chicago CoC currently exceeds the HUD threshold. This year, Chicago is using CSBG stimulus funding to create new employment slots for homeless workers, which will be coming on-line during 2010. We are also about to launch a survey to better understand who in our system is employable, and we will then use this information to collaborate with workforce development programs to both create new slots and to improve access to current workforce training and employment. Finally, we have launched a social enterprise roundtable to support agencies as they develop and expand their small businesses, which employ significant numbers of homeless clients. Ultimately, the activities of the system cannot control for the job market and economic conditions. If the original plan is not accomplished we may decide to hone in on specific programs or populations instead of system-wide access to employment resources.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

One long-term approach in exceeding a 20% employment rate among households will require the Chicago CoC to improve employability screening at the time of engagement in either prevention or shelter services, and recruit training and employment opportunities based on the population. This will involve tighter coordination and integration between the CoC and the workforce development system. A second strategy is to ensure that homelessness is included in planning around workforce development. The city of Chicago is making a huge investment in workforce development, including launching a new workforce initiative chaired by Mayor Daley and promoting the creation of "green" jobs. The Chicago CoC will be involved to ensure that the needs of homeless clients are addressed.

What percentage of persons are employed at program exit? 21

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

Chicago¿s CoC has a proven homelessness prevention infrastructure as means of reducing family homelessness and promotes quick movement from homelessness to permanent housing. Over the coming year we plan to target rapid re-housing efforts to approximately 350 family households to help reduce family homelessness in shelters. This involves coordination of homeless providers and outreach to the private market housing community. We do this through regular community trainings and in working with The Preservation Compact, an entity that governs the region¿s rental housing strategy. We have also launched a program with the Chicago Public Schools to offer services to families who are living "doubled up" in the hope of resolving their housing crisis and preventing the precarious situation from resulting in shelter entrance. If we are unable to achieve our original plan, we will maintain our trainings on best practices in housing placement and assessment for the provider community.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The Chicago CoC long-term plans are to continue to prioritize households with children experiencing frequent or long-term homelessness for permanent supportive housing, intensify prevention activities in partnership with the Chicago Public Schools, and add additional services that will focus on follow-up housing services to prevent shelter recidivism. Research indicates that a way to permanently break the cycle of homelessness for families with children is to provide services to the children that mitigate the trauma of homelessness. Chicago's demonstration project, funded by the Hilton Foundation, is developing best practices for these hard-to-serve families, with plans to implement the findings continuum-wide.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	870
In 12-months, what will be the total number of homeless households with children?	783
In 5-years, what will be the total number of homeless households with children?	468

In 10-years, what will be the total number of homeless households with children?	300

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The Illinois Department of Children and Family Services (DCFS) provides housing advocacy and cash assistance to youth aging out of foster care who are between the ages of 17.5 and 21. The program targets youth at-risk of becoming homeless and who are approaching emancipation or who have already emancipated from foster care.

Eligible youth can receive: Housing Advocacy-Services, Start-up Grants, Partial Housing Subsidy and Cash Assistance. Follow-up services are provided for minimally three months after the youth secures housing.

Youth being discharged from the foster care system routinely live in unsubsidized housing in the community. DCFS contracts with community agencies to provide housing location services that work with private-market landlords.

DCFS is an active participant in the Chicago CoC. Through DCFS' participation in constituency groups, the CoC is in agreement on DCFS' program to prevent homelessness among youth and families involved in the foster care system. No Mckinney-Vento resources are used during the DCFS discharge planning process.

Health Care:

Members of the Chicago CoC and two Cook County hospitals have implemented procedures aimed at preventing homeless for at-risk in-patients from being discharged to the street. However, discharging in-patients to HUD McKinney-funded transitional or permanent supportive housing programs are encouraged. A recently released study of the Chicago Housing for Health Partnership documents the cost-savings to hospitals by providing permanent supportive housing for chronically ill homeless individuals. The findings are anticipated to spur further discharge planning protocols from Health Care to avoid homelessness altogether.

Mental Health:

In 2005, the Illinois Department of Human Services Office of Mental Health (OMH) established a Continuity of Care Agreement which outlines the protocol for placement into, and discharge from, a state mental health facility. The Agreement states that the state hospital is not to discharge a person into homelessness if there is a reasonable expectation that the person will have housing if the discharge is delayed, unless the consumer insists on being discharged and is not certifiable under the mental health code, or if after diligent search, no housing resources to pay for housing can be identified.

OMH is an active member of the Chicago CoC. Through participation in constituency groups the CoC members understand and agree that the State Mental Health facilities are prohibited from discharging patients directly into homeless-funded programs. OMH contracts with community mental health providers who have the primary responsibility of making housing placements for patients leaving state mental health facilities. These providers are responsible for abiding by the Continuity of Care agreement and HUD McKinney-Vento program rules. The state also works with contracted providers to maintain a list of non-McKinney residential programs, such as Thresholds Psychiatric and Rehabilitation Centers, and private landlords that will accept patients being discharged.

Corrections:

The CoC works with the Illinois Dept of Corrections' special programming that ensures a successful reentry. TRAC (Trained Reformed And Capable) begins at intake and extends throughout the length of stay, identifying the offender's housing needs and working to obtain appropriate housing before release.

Offenders with special needs such as substance abuse, mental health, and disabilities are assigned dedicated staff that monitor the offender's progress in programming while incarcerated and make referrals to the Placement Resource Unit (PRU), which works with vendors that provide specialized services for offenders in the community and finds special needs housing. IDOC recognizes that many special needs offenders were homeless prior to incarceration and need additional supports to find affordable, stable housing options in their communities. Once paroled, the parole agent continues to monitor the offender's progress while in the community, requiring that the offender receive approval from the parole agent prior to any address changes.

The CoC has also worked for other special programs ensuring a successful reentry including: Mental Health Court, which has a team comprised of a judge, prosecutors, defense attorneys, probation officers and social service agencies that ensure mentally ill probationers comply with treatment and stay housed; and Treatment Alternatives for Safer Communities which makes housing placements for probationers in their drug treatment program.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	The three core tenets of the Plan to End Homelessness are to: (1) prevent homelessness whenever possible; (2) rapidly re-house people when homelessness cannot be prevented; and (3) provide wraparound services that promote housing stability. The Plan calls for a transition of the homeless service system from a shelter-based system, focused on temporary fixes, to a housing-based system emphasizing long-term solutions. To that end, the inventory of homeless resources will experience an increase in interim and permanent housing, with a corresponding decrease in the number of temporary shelter beds. The Plan's implementation is led by the Commissioner of the Department of Housing (DOH). DOH works closely with the Department of Human Services, which is the front-line responder to homelessness and therefore required to implement many of the changes articulated in the Plan.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

As stated in the Substantial Amendment, members of the CoC participated in a series of focus groups and planning meetings to help design the local HPRP initiative. The City included the Chicago Alliance, Corporation for Supportive Housing, and private foundations in the selection process for the HPRP agency recipients. Chicago's HPRP is a very comprehensive effort that is implemented through coordination within the CoC¿s provider community. It is also the result of years of collaboration between the City of Chicago,the Chicago Alliance, and service agencies in designing and implementing a homelessness prevention system. Chicago's initiative is focused system-wide, and not on specific shelters or providers to recruit households. Rather, eligible households are identified at multiple access points, including the Homelessness Prevention Call Center, eviction court, city-operated Community Service Centers, and homeless shelters. From there, the assistance-seeker will be connected to provider agencies in their geographic area. We also anticipate assisting some people who are coming from institutions who need HPRP as a bridge to longer-term resources. While the majority of the services are being delivered by CoC agencies, including the fiscal management and coordination of service providers, a small caseload will be supported by the City's Community Service Centers.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

In Chicago, the Neighborhood Stabilization program is operated by the Department of Community Development (DCD). DCD has set its priorities on single-family or small (less than 6 unit) buildings that can be returned to the homeownership market. CoC member's access to foreclosed properties identified by the local NSP is open, but not intentionally coordinated to create supportive housing for the homeless. At the time of this application the City of Chicago is exploring how to best match NSP properties that will be used as rental properties with CoC agencies that have rental subsidies and clients.

The CoC is interested in accessing the HUD VASH subsidies. As stated previously in the application, the CoC's new Housing Options Survey Tool screens homeless individuals for eligibility for the HUD VASH among other programs. However, the referral system to the HUD VASH subsidies does not yet include accepting clients pre-screened through this process. Work will continue to access the units on a more formal basis. Currently, referrals by CoC agencies to the new HUD VASH subsidies is done on a more informal basis.

While not a HUD-run program, the Chicago CoC will benefit from the coordination between homeless programs and new ARRA-funded Head Start slots. The Chicago Department of Family and Support Services expects to receive funding for 300 additional slots, which will be specified for homeless and at-risk children identified through either emergency and transitional shelters or through the Homelessness Prevention and Rapid Rehousing Program. The new slots will be primarily delivered through the Home Visitor model of Head Start, which may be more conducive to the needs of families in transition. The priority for homeless children in new ARRA funding was the direct result of coordinating the need and data from the Head Start and homeless systems.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	2,200	**Beds**	1,902	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	86	**%**	84	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	68	**%**	67	**%**
Increase percentage of homeless persons employed at exit to at least 19%	24	**%**	21	**%**
Decrease the number of homeless households with children.	520	**Households**	870	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

New projects for CH beds have been delayed because it has been harder than anticipated to identify landlords who were qualified to accept HUD subsidies, largely due to the quality of these units, with repairs often going undone. The economy may be putting a strain on landlord resources for maintaining units. For housing retention, the 2008 baseline was 85%, with the expectation of increasing by 1% in 2009. Instead, it decreased by 1% for the first time in at least 3 years. It is unclear if this is a true drop or just a data anomaly. The decrease could be attributable to the economy, whereby tenants may have experienced reduced stability. The percentage of people moving from TH to PH remained flat, which may be due to the fact that the number of new PH being brought on line has slowed (explained above). Anecdotal evidence suggests the economy may have negatively impacted the transition to PH, since clients have less income to pay for housing and so have moved in with relatives. For the number of people employed, the 2008 baseline was 23%, with a goal of increasing by 1%. Instead there was a decrease by 2%, which again is likely due to the economy. For the number of households with children, the 2008 baseline was 598 with an increase of 272 households going to 870. However, 270 of the added households were in new sites explained in 2L, which are scattered-site transitional rental assistance programs.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	1,018	1,800
2008	1,018	2,073
2009	689	1,902

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 398

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$433,632	$712,017	$3,111,981	$2,340,422	$614,203
Operations	$2,410,164	$438,488	$1,517,535	$53,180	$283,306
Total	$2,843,796	$1,150,505	$4,629,516	$2,393,602	$897,509

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Overall, the majority of units in Chicago's system are not specifically set aside for the chronically homeless. However, through the bonus projects and other sources, Chicago is continuing to increase those beds that are specifically set aside for the chronically homeless. When Chicago counts the number of beds for the chronically homeless, we follow HUD instructions, which are to count those units that are actually occupied by people who are chronically homeless on the night of the housing inventory survey. This year, as reported through the housing inventory surveys, there were fewer chronically homeless people in beds, so the number of beds for the chronically homeless decreased.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	764
b. Number of participants who did not leave the project(s)	3748
c. Number of participants who exited after staying 6 months or longer	671
d. Number of participants who did not exit after staying 6 months or longer	3126
e. Number of participants who did not exit and were enrolled for less than 6 months	622
TOTAL PH (%)	84

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	1604
b. Number of participants who moved to PH	1073
TOTAL TH (%)	491

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 5,165

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	855	17	%
SSDI	357	7	%
Social Security	78	2	%
General Public Assistance	83	2	%
TANF	349	7	%
SCHIP	32	1	%
Veterans Benefits	83	2	%
Employment Income	1,098	21	%
Unemployment Benefits	46	1	%
Veterans Health Care	108	2	%
Medicaid	767	15	%
Food Stamps	2,100	41	%
Other (Please specify below)	111	2	%
Child Support, Pension, Worker's Compensation, Earnfare, Earnfare, WIC, Regular Day Labor, School Scholarship			
No Financial Resources	1,617	31	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	Yes

4E. Section 3 Employment Policy Detail

Is the project requesting $200,000 or more?: Yes

If Yes to above question, click save to provide activities

Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply)

Establish a preference policy for Section 3 for competitive contracts

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?	Yes

If 'Yes', describe the process and the frequency that it occurs.

The Chicago Alliance to End Homelessness analyzes the APRs for all projects annually during the Chicago Evaluation Process for the HUD Continuum of Care Homeless Assistance Program NOFA application.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	Yes

If "Yes", indicate all meeting dates in the past 12 months.

The Illinois SOAR Initiative is a committee that meets to improve CoC-wide participation in mainstream programs. They met on the following dates in 2009: 1/26/09, 3/6/09, 6/15/09, 7/21/09, 8/24/09, 10/13/09.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If yes, identify these staff members	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	Yes
If "Yes", specify the frequency of the training.	Annually
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

April 28-29, 2009; November 2-3, 2009

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	97%
Case managers asses clients eligibility for mainstream benefits during intake and assist clients with gathering required documentation and completing applications through general case management meetings.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	92%
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	44%
SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, Veterans Health Care, Other	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	97%
4a. Describe the follow-up process:	
Case managers contact mainstream benefit offices with client involvement to ensure mainstream benefits are received.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	No

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	Yes
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	Yes
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	No
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	Yes
Department of Community Development: provides write-downs of the appraised value to city-owned properties located in designated redevelopment areas that provide public benefits such as affordable housing. Chicago Partnership for Affordable Neighborhoods: fee waivers, expedited permitting, and pre-qualified homebuyers if 10% of the units in the development are affordable; City Lots for City Living: sells vacant, city-owned property for $1 if it will be used for affordable housing activities; Affordable Requirements Ordinance: residential developments using city land or zoning changes to increase density in planned developments of 10 or more units must have 10% of units be affordable, and 20% affordable if direct financial assistance is received by the City; Downtown Affordable Housing Density Bonus: downtown developments can build higher buildings if they create affordable housing units. In ARO and Density Bonus, developers can pay a fee to support affordable housing activities in lieu of including affordable units in the development. Department of Buildings: developers and residents can receive on-line permits for specific items as long as they are in compliance with City codes and are using licensed contractors; Green Permit Program expedites permits for environmentally-friendly developments that are affordable, accessible, transit-oriented, or in underserved communities. Department of Water Management: funds, designs, and builds Chicago Housing Authority water and sewer improvements in the right-of-way, reducing the cost associated with public housing developments. Fee waivers for Department of Community Development programs: trees, sod, Low-income Housing Tax Credits servicing (DCD); plan review, field inspection, accessibility code, and inspection fees for elevator, wrecking, and fencing (Buildings); water tap connection and inspection, and sealing permits (Water Management); driveways, street opening, and use of public way (Transportation).	
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

Part A - Page 3

***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	Yes
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	Yes
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	No
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	No
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	Yes
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Washington Park SRO	2009-11-06 15:08:...	1 Year	Affordable Housin...	77,553	Renewal Project	SHP	PH	F
Interfaith Housin...	2009-11-17 12:22:...	1 Year	Chicago Departmen...	358,212	Renewal Project	S+C	PRA	U
OUTREACH AND COMP...	2009-10-25 15:18:...	1 Year	FEATHER FIST	264,173	Renewal Project	SHP	SSO	F
FEATHER FIST OUTRE...	2009-10-25 15:11:...	1 Year	FEATHER FIST	300,843	Renewal Project	SHP	TH	F
Thresholds - Shel...	2009-11-20 13:20:...	5 Years	Chicago Departmen...	1,915,080	New Project	S+C	TRA	P2
Homeless Managem e...	2009-11-20 14:03:...	1 Year	Chicago Departmen...	318,498	Renewal Project	SHP	HMIS	F
Families Building...	2009-10-29 15:16:...	1 Year	Heartland Human C...	1,162,457	Renewal Project	SHP	TH	F
Low-Income Housin...	2009-10-15 12:08:...	1 Year	Chicago Low-Incom...	105,900	Renewal Project	SHP	PH	F
Interfaith Housin...	2009-11-17 12:20:...	1 Year	Chicago Departmen...	762,156	Renewal Project	S+C	SRA	U
Low-Income Housin...	2009-10-14 18:54:...	1 Year	Chicago Low-Incom...	191,489	Renewal Project	SHP	PH	F
Carter House	2009-10-16 15:10:...	1 Year	Northwestern Memo...	217,518	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-15 08:51:...	1 Year	Chicago Low-Incom...	221,315	Renewal Project	SHP	PH	F
Supportive Housin...	2009-10-23 12:41:...	1 Year	Single Room Housi...	421,988	Renewal Project	SHP	PH	F

Mercy Housing Lak...	2009-11-20 10:58:...	1 Year	Chicago Departmen...	449,856	Renewal Project	S+C	PRA	U
Interim Program a...	2009-11-03 15:13:...	1 Year	The Night Ministry	74,260	Renewal Project	SHP	TH	F
Housing Opportuni...	2009-11-17 12:12:...	1 Year	Chicago Departmen...	344,016	Renewal Project	S+C	SRA	U
Westside Housing ...	2009-10-26 08:44:...	1 Year	Chicago Christian...	212,378	Renewal Project	SHP	TH	F
Harmony Village	2009-11-05 13:02:...	1 Year	Unity Parenting &...	497,620	Renewal Project	SHP	TH	F
FEATHER FIST APART...	2009-10-25 15:09:...	1 Year	FEATHER FIST	141,395	Renewal Project	SHP	PH	F
Leland House	2009-10-19 17:34:...	1 Year	Cornerstone Commu...	132,224	Renewal Project	SHP	PH	F
Emerald House	2009-10-29 17:14:...	1 Year	Community Support...	201,120	Renewal Project	SHP	PH	F
Permanent Support...	2009-10-28 12:35:...	1 Year	North Side Housin...	112,120	Renewal Project	SHP	PH	F
Catholic Charitie...	2009-11-20 12:39:...	5 Years	Chicago Departmen...	937,200	New Project	S+C	PRA	P1
Low-Income Housin...	2009-10-15 08:54:...	1 Year	Chicago Low-Incom...	100,629	Renewal Project	SHP	PH	F
Family Regenerati ...	2009-10-26 14:59:...	1 Year	The Inner Voice, ...	362,611	Renewal Project	SHP	SSO	F
Douglas Villa Sca...	2009-10-28 10:33:...	1 Year	Chicago Christian...	87,284	Renewal Project	SHP	SSO	F
Human Resources D...	2009-11-17 12:15:...	1 Year	Chicago Departmen...	375,480	Renewal Project	S+C	TRA	U
Thresholds - Shel...	2009-11-17 13:07:...	1 Year	Chicago Departmen...	281,160	Renewal Project	S+C	TRA	U
Low-Income Housin...	2009-10-16 18:46:...	1 Year	Chicago Low-Incom...	50,904	Renewal Project	SHP	PH	F
NHA - Chicago	2009-10-23 17:44:...	1 Year	Catholic Charities	1,693,872	Renewal Project	SHP	TH	F

Low-Income Housin...	2009-10-15 08:39:...	1 Year	Chicago Low-Incom...	336,539	Renewal Project	SHP	PH	F
Greenhouse Shelter	2009-11-04 12:40:...	1 Year	Connecrtions for ...	23,695	Renewal Project	SHP	SSO	F
Housing Opportuni...	2009-11-17 12:10:...	1 Year	Chicago Departmen...	301,440	Renewal Project	S+C	SRA	U
Focus Hope II	2009-11-05 14:02:...	1 Year	Unity Parenting &...	420,453	Renewal Project	SHP	PH	F
New Home Project	2009-10-16 15:18:...	1 Year	Northwestern Memo...	301,910	Renewal Project	SHP	SSO	F
Housing Opportuni...	2009-11-17 12:06:...	1 Year	Chicago Departmen...	257,676	Renewal Project	S+C	SRA	U
respite/assessment	2009-10-28 11:58:...	1 Year	Interfaith House	364,719	Renewal Project	SHP	TH	F
Dolores' Safe Haven	2009-10-22 11:58:...	1 Year	Deborah's Place	330,293	Renewal Project	SHP	SH	F
Transitional Livi...	2009-11-03 15:15:...	1 Year	The Night Ministry	144,391	Renewal Project	SHP	PH	F
Rosenthal Family ...	2009-10-29 17:04:...	1 Year	Family Rescue	58,165	Renewal Project	SHP	SSO	F
Carlton, Miriam, ...	2009-10-27 11:18:...	1 Year	Mercy Housing Lak...	259,631	Renewal Project	SHP	PH	F
The Inner Voice, ...	2009-11-17 13:01:...	1 Year	Chicago Departmen...	528,504	Renewal Project	S+C	SRA	U
St. Leo Residence	2009-10-28 14:16:...	1 Year	Catholic Charities	107,100	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-16 16:38:...	1 Year	Chicago Low-Incom...	45,360	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-14 18:52:...	1 Year	Chicago Low-Incom...	121,688	Renewal Project	SHP	PH	F
Austin Safe Haven	2009-10-23 12:48:...	1 Year	Thresholds Inc	243,889	Renewal Project	SHP	SH	F
Life Development ...	2009-10-20 14:47:...	1 Year	YMCA Metropolitan...	59,645	Renewal Project	SHP	PH	F

Housing Stability...	2009-11-02 11:24:...	1 Year	Renaissance Socia...	133,970	Renewal Project	SHP	PH	F
St. Leonard's Min...	2009-11-17 12:59:...	1 Year	Chicago Departmen...	281,160	Renewal Project	S+C	PRA	U
Rebecca Johnson A...	2009-10-28 16:30:...	1 Year	Deborah's Place	188,064	Renewal Project	SHP	PH	F
CaSSA (Clustered ...	2009-10-23 15:08:...	1 Year	Teen Living Programs	189,334	Renewal Project	SHP	TH	F
Sarah's Circle Pe...	2009-11-18 17:58:...	2 Years	Sarah's Circle	640,773	New Project	SHP	PH	P5
Low-Income Housin...	2009-10-16 12:02:...	1 Year	Chicago Low-Incom...	50,214	Renewal Project	SHP	PH	F
UMISA (Undomicile...	2009-10-29 16:55:...	1 Year	McDermott Center	58,026	Renewal Project	SHP	SSO	F
Transitional Hous...	2009-10-25 01:03:...	1 Year	Healthcare Altern...	197,711	Renewal Project	SHP	TH	F
Assisted Permanen...	2009-10-20 17:38:...	1 Year	Heartland Health ...	126,332	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-16 18:33:...	1 Year	Chicago Low-Incom...	76,381	Renewal Project	SHP	PH	F
Thresholds - Shel...	2009-11-17 13:14:...	1 Year	Chicago Departmen...	328,020	Renewal Project	S+C	TRA	U
Pathways Home Saf...	2009-10-21 18:43:...	1 Year	Heartland Health ...	948,721	Renewal Project	SHP	PH	F
The Phoenix	2009-10-30 16:13:...	1 Year	AIDSCare	366,108	Renewal Project	SHP	PH	F
Supportive Perman...	2009-10-20 18:00:...	1 Year	Heartland Health ...	270,101	Renewal Project	SHP	PH	F
CCO Transitional ...	2009-10-19 17:26:...	1 Year	Cornerstone Commu...	79,017	Renewal Project	SHP	TH	F
Low-Income Housin...	2009-10-16 18:53:...	1 Year	Chicago Low-Incom...	44,037	Renewal Project	SHP	PH	F
Safe Start I	2009-10-27 11:01:...	1 Year	AIDS Foundation o...	994,996	Renewal Project	SHP	PH	F

Low-Income Housin...	2009-10-15 12:03:...	1 Year	Chicago Low-Incom...	114,300	Renewal Project	SHP	PH	F
Interfaith Housin...	2009-11-17 12:26:...	1 Year	Chicago Departmen...	678,780	Renewal Project	S+C	PRA	U
Low-Income Housin...	2009-10-15 11:58:...	1 Year	Chicago Low-Incom...	178,145	Renewal Project	SHP	PH	F
Heartland Health ...	2009-11-20 11:24:...	1 Year	Chicago Departmen...	210,960	Renewal Project	S+C	TRA	U
Psychological Ser...	2009-10-19 13:55:...	1 Year	St Leonards	42,525	Renewal Project	SHP	SSO	F
Union House	2009-10-16 15:25:...	1 Year	Northwestern Memo...	153,844	Renewal Project	SHP	PH	F
Christian Communi...	2009-11-17 11:46:...	1 Year	Chicago Departmen...	111,240	Renewal Project	S+C	SRA	U
Low-Income Housin...	2009-10-15 08:43:...	1 Year	Chicago Low-Incom...	151,775	Renewal Project	SHP	PH	F
North Side Housin...	2009-11-17 12:35:...	1 Year	Chicago Departmen...	140,580	Renewal Project	S+C	SRA	U
Near North	2009-10-27 11:16:...	1 Year	Mercy Housing Lak...	61,950	Renewal Project	SHP	PH	F
Supportive Housin...	2009-10-26 14:04:...	1 Year	Apna Ghar, Inc.	123,087	Renewal Project	SHP	TH	F
Patty Crowley Apa...	2009-10-22 12:22:...	1 Year	Deborah's Place	150,144	Renewal Project	SHP	PH	F
Family Wellness C...	2009-10-28 15:19:...	1 Year	Chicago Christian...	344,365	Renewal Project	SHP	TH	F
Low-Income Housin...	2009-10-16 14:02:...	1 Year	Chicago Low-Incom...	91,778	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-16 19:11:...	1 Year	Chicago Low-Incom...	152,825	Renewal Project	SHP	PH	F
The Safer Foundat...	2009-11-19 10:50:...	1 Year	Chicago Departmen...	107,280	Renewal Project	S+C	SRA	U
Case Management a...	2009-10-30 17:02:...	1 Year	Sarah's Circle	66,463	Renewal Project	SHP	SSO	F

Heartland Health ...	2009-11-20 11:35:...	1 Year	Chicago Departmen ...	321,840	Renewal Project	S+C	TRA	U
Pathways Home Per...	2009-10-21 17:35:...	1 Year	Heartland Health ...	484,722	Renewal Project	SHP	PH	F
Derrick David Sti...	2009-11-18 09:35:...	2 Years	Matthew House Inc	409,500	New Project	SHP	PH	P4
Neon Street Dorm	2009-10-21 14:22:...	1 Year	Heartland Human C...	254,948	Renewal Project	SHP	TH	F
Rowan Trees	2009-10-23 12:58:...	1 Year	Thresholds Inc	351,158	Renewal Project	SHP	PH	F
Pathways Home Out...	2009-10-20 17:48:...	1 Year	Heartland Health ...	320,269	Renewal Project	SHP	SSO	F
Harriet Tubman Ap...	2009-11-04 12:03:...	1 Year	Brand New Beginnings	100,406	Renewal Project	SHP	PH	X
TRC Permanent Sup...	2009-10-30 18:23:...	1 Year	The Renaissan ce C...	166,006	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-15 08:57:...	1 Year	Chicago Low-Incom...	190,181	Renewal Project	SHP	PH	F
First Step Program	2009-10-20 15:13:...	1 Year	Chicago House and...	40,639	Renewal Project	SHP	PH	F
Permanent Living ...	2009-11-05 10:52:...	1 Year	Communit y Mental ...	73,013	Renewal Project	SHP	PH	F
Lawson Safe Haven	2009-10-23 12:51:...	1 Year	Thresholds Inc	162,687	Renewal Project	SHP	SH	F
Housing Opportuni.. .	2009-11-17 12:08:...	1 Year	Chicago Departmen ...	271,836	Renewal Project	S+C	SRA	U
Antonia Safe Haven	2009-10-20 17:14:...	1 Year	Heartland Health ...	357,170	Renewal Project	SHP	SH	F
Low-Income Housin...	2009-10-16 17:44:...	1 Year	Chicago Low-Incom...	175,025	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-16 17:15:...	1 Year	Chicago Low-Incom...	156,240	Renewal Project	SHP	PH	F
Emerge Program	2009-11-02 16:05:...	1 Year	Hull House Associ...	378,229	Renewal Project	SHP	TH	F

Low-Income Housin...	2009-10-15 09:09:...	1 Year	Chicago Low-Incom...	103,563	Renewal Project	SHP	PH	F
Next Step	2009-11-02 15:28:...	1 Year	Heartland Human C...	441,059	Renewal Project	SHP	TH	F
SSO - Supportive ...	2009-10-29 09:47:...	1 Year	Inspiration Corpo...	83,462	Renewal Project	SHP	SSO	F
SHP	2009-11-02 16:05:...	1 Year	Matthew House Inc	123,866	Renewal Project	SHP	SSO	F
Chicago Departmen ...	2009-11-19 18:19:...	1 Year	Chicago Departmen ...	620,268	Renewal Project	S+C	TRA	U
Chicago Departmen ...	2009-11-20 10:33:...	1 Year	Chicago Departmen ...	410,244	Renewal Project	S+C	TRA	U
Intensive Case Ma...	2009-10-21 11:54:...	1 Year	North Side Housin...	61,271	Renewal Project	SHP	SSO	F
Low-Income Housin...	2009-10-15 09:04:...	1 Year	Chicago Low-Incom...	40,258	Renewal Project	SHP	PH	F
Independence House	2009-10-21 16:44:...	1 Year	The Interfaith Ho...	77,301	Renewal Project	SHP	PH	F
Thresholds - Shel...	2009-11-17 13:12:...	1 Year	Chicago Departmen ...	281,160	Renewal Project	S+C	TRA	U
EnHarmony Bonus P...	2009-11-09 18:32:...	1 Year	Christian Communi...	2,127,900	Renewal Project	SHP	PH	F
Supportive Housin...	2009-10-23 12:45:...	1 Year	Single Room Housi...	488,047	Renewal Project	SHP	PH	F
La Posada Scatter...	2009-10-22 12:44:...	1 Year	Casa Central	383,904	Renewal Project	SHP	TH	F
Olive Branch Miss...	2009-11-17 12:51:...	1 Year	Chicago Departmen ...	44,172	Renewal Project	S+C	SRA	U
NPAC SHP Permanen...	2009-11-13 13:48:...	1 Year	Heartland Human C...	316,829	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-15 09:00:...	1 Year	Chicago Low-Incom...	298,237	Renewal Project	SHP	PH	F
Permanent Living ...	2009-11-05 10:47:...	1 Year	Community Mental ...	66,007	Renewal Project	SHP	PH	F

Thresholds - Shel...	2009-11-17 13:32:...	1 Year	Chicago Departmen...	421,920	Renewal Project	S+C	SRA	U
NPAC SHP w/Short ...	2009-11-14 18:10:...	1 Year	Heartland Human C...	507,826	Renewal Project	SHP	TH	F
The Studios	2009-10-28 10:05:...	1 Year	Chicago Christian...	329,711	Renewal Project	SHP	PH	F
Mercy Housing Lak...	2009-11-20 11:12:...	1 Year	Chicago Departmen...	246,720	Renewal Project	S+C	PRA	U
Bridges to Home	2009-11-03 10:42:...	1 Year	Vital Bridges	169,845	Renewal Project	SHP	TH	F
Communit y Integra...	2009-11-05 11:32:...	1 Year	Communit y Mental ...	97,391	Renewal Project	SHP	PH	F
Branch of Hope	2009-11-17 15:45:...	2 Years	The Interfaith Ho...	378,000	New Project	SHP	PH	P3
Shelter Outreach ...	2009-10-28 10:32:...	1 Year	Beacon Therapeuti ...	983,922	Renewal Project	SHP	SSO	F
Social Services G...	2009-10-23 14:32:...	1 Year	Latin United Comm...	32,130	Renewal Project	SHP	PH	F
Marah's Permanent ...	2009-10-22 12:07:...	1 Year	Deborah's Place	417,076	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-16 13:29:...	1 Year	Chicago Low-Incom...	38,616	Renewal Project	SHP	PH	F
REST SHP2	2009-10-23 13:12:...	1 Year	Residents for Eff...	286,520	Renewal Project	SHP	PH	F
Stable Futures	2009-10-29 17:58:...	1 Year	Heartland Human C...	1,093,663	Renewal Project	SHP	TH	F
Holland Families	2009-10-26 14:05:...	1 Year	Mercy Housing Lak...	125,546	Renewal Project	SHP	PH	F
Supportive Servic...	2009-11-02 13:40:...	1 Year	Cathedral Shelter...	35,332	Renewal Project	SHP	PH	F
Englewood Asserti...	2009-11-05 10:44:...	1 Year	Communit y Mental ...	123,736	Renewal Project	SHP	PH	F
The Employme nt Pr...	2009-10-28 10:16:...	1 Year	Inspiration Corpo...	111,182	Renewal Project	SHP	SSO	F

600 South	2009-10-28 15:08:...	1 Year	Chicago Christian...	52,447	Renewal Project	SHP	PH	F
Wentworth Commons	2009-10-26 13:32:...	1 Year	Mercy Housing Lak...	129,785	Renewal Project	SHP	PH	F
Heartland Human C...	2009-11-17 11:59:...	1 Year	Chicago Departmen...	684,156	Renewal Project	S+C	SRA	U
Learning Center/SSO	2009-10-26 14:31:...	1 Year	The Inner Voice, ...	331,601	Renewal Project	SHP	SSO	F
Near West Side SHP	2009-11-04 10:57:...	1 Year	Near West Side Co...	97,781	Renewal Project	SHP	PH	F
Life Development ...	2009-10-20 14:40:...	1 Year	YMCA Metropolitan...	231,259	Renewal Project	SHP	PH	F
Project Wrap Around	2009-11-04 13:39:...	1 Year	Community Mental ...	128,453	Renewal Project	SHP	PH	F
Housing Opportuni...	2009-11-17 12:01:...	1 Year	Chicago Departmen...	172,764	Renewal Project	S+C	SRA	U
Chicago Departmen...	2009-11-20 13:57:...	1 Year	Chicago Departmen...	497,424	Renewal Project	S+C	TRA	U
South Loop Apartm...	2009-10-26 19:20:...	1 Year	Mercy Housing Lak...	238,645	Renewal Project	SHP	PH	F
Cathedral Shelter...	2009-11-17 11:18:...	1 Year	Chicago Departmen...	267,888	Renewal Project	S+C	PRAR	U
Low-Income Housin...	2009-10-15 09:07:...	1 Year	Chicago Low-Incom...	223,993	Renewal Project	SHP	PH	F
La Posada Interim...	2009-11-03 16:40:...	1 Year	Casa Central	434,437	Renewal Project	SHP	TH	F
Wayne Street Grai...	2009-10-23 13:07:...	1 Year	Thresholds Inc	403,605	Renewal Project	SHP	PH	F
Low-Income Housin...	2009-10-15 12:23:...	1 Year	Chicago Low-Incom...	139,650	Renewal Project	SHP	PH	F
REST SHP1	2009-10-23 13:21:...	1 Year	Residents for Eff...	167,813	Renewal Project	SHP	PH	F
IC Short Term Sup...	2009-10-29 09:33:...	1 Year	Inspiration Corpo...	199,224	Renewal Project	SHP	TH	F

Low-Income Housin...	2009-10-16 18:05:...	1 Year	Chicago Low-Incom...	64,920	Renewal Project	SHP	PH	F
Mobile Assessment...	2009-11-02 12:51:...	1 Year	Thresholds Inc	199,489	Renewal Project	SHP	SSO	F
HOUSING, UTILIZAT...	2009-10-25 15:16:...	1 Year	FEATHER FIST	112,483	Renewal Project	SHP	SSO	F
Interfaith Housin...	2009-11-17 12:28:...	1 Year	Chicago Departmen...	278,616	Renewal Project	S+C	PRA	U
HUD Supportive Ho...	2009-11-09 11:21:...	1 Year	Human Resources D...	427,768	Renewal Project	SHP	TH	F
Low-Income Housin...	2009-10-16 18:11:...	1 Year	Chicago Low-Incom...	85,667	Renewal Project	SHP	PH	F
Eddie Beard Homel...	2009-10-23 15:04:...	1 Year	The Inner Voice, ...	196,062	Renewal Project	SHP	TH	F
HOPE VILLAGE	2009-10-27 22:52:...	1 Year	FEATHER FIST	517,459	Renewal Project	SHP	TH	F
Englewood Apartments	2009-10-28 15:35:...	2 Years	Mercy Housing Lak...	320,000	New Project	SHP	PH	X
North Side Housin...	2009-11-17 12:31:...	1 Year	Chicago Departmen...	46,860	Renewal Project	S+C	SRA	U
Residents for Eff...	2009-11-17 12:54:...	1 Year	Chicago Departmen...	615,840	Renewal Project	S+C	SRA	U
Sanctuary Place	2009-10-30 14:27:...	1 Year	Interfaith Counci...	286,841	Renewal Project	SHP	PH	F
Cafe Too	2009-10-28 11:02:...	1 Year	Inspiration Corpo...	323,235	Renewal Project	SHP	SSO	F
Chicago Christian...	2009-11-17 11:20:...	1 Year	Chicago Departmen...	468,600	Renewal Project	S+C	PRA	U
Low-Income Housin...	2009-10-15 12:14:...	1 Year	Chicago Low-Incom...	124,000	Renewal Project	SHP	PH	F
Recovery, Belray,...	2009-10-27 11:14:...	1 Year	Mercy Housing Lak...	187,833	Renewal Project	SHP	PH	F
Cooperative Livin...	2009-10-29 15:54:...	1 Year	New Moms Inc	245,039	Renewal Project	SHP	TH	F

EXPEDIENT, PRIORI...	2009-10-25 15:07:...	1 Year	FEATHER FIST	129,817	Renewal Project	SHP	SSO	F
Interfaith Counci...	2009-11-17 12:18:...	1 Year	Chicago Departmen...	414,072	Renewal Project	S+C	SRA	U
Solid Ground Supp...	2009-10-28 01:02:...	1 Year	La Casa Norte	90,982	Renewal Project	SHP	TH	F
Chicago House & S...	2009-11-17 11:41:...	1 Year	Chicago Departmen...	44,172	Renewal Project	S+C	TRA	U
FOUNDATIONS	2009-10-27 22:49:...	1 Year	FEATHER FIST	259,219	Renewal Project	SHP	TH	F
Violence Recovery...	2009-10-23 09:51:...	1 Year	Heartland Human C...	41,668	Renewal Project	SHP	SSO	F
Supportive Housin...	2009-11-02 13:30:...	1 Year	Cathedral Shelter...	53,122	Renewal Project	SHP	SSO	F
Pioneer House	2009-10-23 17:05:...	1 Year	The Inner Voice, ...	76,484	Renewal Project	SHP	TH	F
Ridgeland Apartme...	2009-10-29 13:13:...	1 Year	Family Rescue	571,732	Renewal Project	SHP	TH	F
SHP-PH Expansion ...	2009-11-04 12:05:...	1 Year	Single Room Housi...	365,000	Renewal Project	SHP	PH	F
Singles Two	2009-10-16 14:59:...	1 Year	Housing Opportuni...	464,308	Renewal Project	SHP	TH	F
Chicago Departmen...	2009-11-19 18:13:...	1 Year	Chicago Departmen...	468,288	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	$34,796,150
Permanent Housing Bonus	$4,280,553
SPC Renewal	$12,093,360
Rejected	$420,406

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	HUD 2991 Signed F...	11/19/2009

Attachment Details

Document Description: HUD 2991 Signed Form and Project Listing