

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: KS-507 - Kansas Balance of State CoC

1A-2. Collaborative Applicant Name: Kansas Statewide Homeless Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Kansas Housing Resources Corporation

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Veteran Advocates	Yes	Yes
Legal Counsel	Yes	Yes
Business Community	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

Led by the Kansas Statewide Homeless Coalition (KSHC), the CoC is divided into 8 regions. To solicit feedback to inform decision-making, each region has a coordinator to facilitate strategic planning efforts in their regions. Regional coordinators build and maintain broad representation on Regional Committees including those with knowledge of, or an interest in preventing and ending homelessness in their area. These regional efforts are in addition to monthly CoC-wide planning and development meetings with state, regional and local partners willing to brainstorm strategies to strengthen the CoC. Both the CoC-wide and regional meetings are available for the public to attend. CoC leadership invite new and innovative partnerships at the annual Kansas Housing Conference where a mix of housing developers, homeless assistance programs, education providers, health care workers, etc, attend. The conference provides a platform to discuss emerging issues with state leaders as well.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

Monthly CoC meetings are announced via email and on the CoC's website. Meetings are held via teleconference so that any group/individual from the geographic area can attend without location being a barrier. CoC Staff and membership work to create new relationships with agencies who have a vested interest in ending homelessness through conference attendance, training opportunities, and community planning. Each of the 8 regional coordinators engage partners locally and develop relationships with service providers, potential members and others who are interested in ending homelessness in the CoC. The CoC has participation from DV agencies, ESG sub recipients, PATH providers, formerly homeless individuals, youth service providers, consolidated plan jurisdictions, and consumer run organizations among others. The CoC will engage individuals during the PIT Count to raise awareness of the CoC. Focus groups comprised of individuals served by homeless projects are utilized to receive feedback.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

An announcement of available funding was posted on the KSHC website on 7/17/2017. The CoC funding opportunity was discussed at the KS Housing Conference support by the Kansas Housing Resources Corporation (KHRC). The CoC announced on its monthly calls that the 2017 CoC Competition is open for new proposals as well as notifications through its listserv. The CoC also requested that KHRC and Ks Dept on Aging and Disability (KDADS) promote the opportunities through their own listserv. CoC members are encouraged to communicate the funding availability through community networks to encourage others in applying for new projects. The CoC considers several factors to determine the feasibility of including a new project in the priority listing. These include how the potential applicant meets the threshold questions on the New Project Scoring Sheet and how well they score on the proposed program performance. In addition, the comprehensiveness and coordinated approach are also considered.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Faith based programs	Yes
Academic Research projects	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

KSHC, representing the CoC, participates in the panel that determines ESG funding decisions. KSHC and KHRC (the ESG Recipient) coordinate the development of performance standards for ESG funded activities. The ESG

program manager actively participates in CoC planning activities and provides information on ESG funded activities, including coordination of projects in each region. The members of the four consolidated plan jurisdictions (Lawrence, Leavenworth, Manhattan and the State) and the CoC have ongoing collaborative efforts aimed at informing the Consolidated Plan including but not limited to participating in monthly CoC committee, subcommittee, regional meetings, standing committees, planning and participation in the Kansas Housing Conference, providing annual PIT/HIC data and ongoing HMIS development. The CoC submits annual PIT & HIC Data to each of the Consolidated Plan jurisdictions as well as service capacity, provider network information and needs assessment.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

As a part of its review process, the CoC addresses issues related to client safety and confidentiality with individual service providers by engaging and coordinating with victim service providers, mental health providers and other community partners. Victim Service providers attend the Regional meetings. The CoC has collaborated with the Kansas Coalition Against Sexual and Domestic Violence (KCSDV) on the design and implementation of the prioritization and safety elements of the Coordinated Entry (CE) system. Mental health and other unique needs are identified through the CE process and appropriate referrals are made at the local level. Victim service providers utilize an HMIS comparable database system and participate in the CE process without identifying client information. The CoC's CE process is client focused protecting individual choice for housing, services and location as designed. The CE process includes CoC, ESG, DOJ, HHS funded programs and other community housing programs.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

The CoC provides annual Coordinated Entry training, conducted by KSHC staff, and ad-hoc training when requested by a region or an agency that covers the best practices for serving survivors of domestic violence. The CoC employs safety protocols for survivors that eliminates any personal or identifying information from being collected or shared in the coordinated entry process. The CoC and its' regions coordinate with victim service providers for HIC, PIT, Consolidated Planning and the CAPER, to evaluate the number of beds available, safety of service locations and if either should be adjusted as a result of need. This data informs the strategic planning of the CoC. KCSDV provides

training at the annual Kansas Housing Conference that covers best practices in serving survivors of domestic violence. KCSDV is available for consultation in regional planning and training such as tenant rights, safety planning, mental health first aid and confidentiality.

1C-4. Using the chart provided, for each of the Public Housing Agency’s (PHA) in the CoC’s geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA’s that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Lawrence/Douglas County Housing Authority		Yes-Both
Southeast Kansas Community Action Program		Yes-Both
Salina Housing Authority		Yes-Both
Brown County		Yes-Both
Manhattan Housing Authority		No

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

The CoC fosters a relationship with 103 PHAs in our geographic area developing policies that would prefer homelessness at time of admission. Through collaborative partnerships, and the Coordinated Entry process, the CoC demonstrates the need for such policies. The CoC has successfully worked to have PHAs in our geographic region to set a preference for homeless veterans and survivors of domestic violence. Similar engagement and outreach continues to be done to extend those policies to cover all homeless individuals and families. PHAs participate in CoC meetings, regional meetings and subcommittees to advance the goal of all PHAs in our geographic region to set a policy that includes a homeless admission preference.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.

(limit 1000 characters)

CoC programs and the Coordinated Entry system have an anti-discrimination policy (implemented 8/2016) and the CoC follows all HUD and other federal mandates in regards to Equal Access, Fair Housing, Non-discrimination, etc. CoC agencies have created and implemented policies specific to their individual programs that address the needs of their LGBT clients. The CoC coordinates with the ESG Recipient to require their sub-recipients to submit agency policy showing LGBT inclusion and equal treatment. Training on Fair Housing is offered annually at the Kansas Housing Conference and the All Grantee meeting presented by HUD staff.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
Encourage Community Co-Response Teams	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

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

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

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

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

The CoC projects prioritize needs and vulnerabilities including chronic homelessness, mental health, physical health, current or past substance abuse, access to services, abuse/victimization or a history of abuse/victimization, domestic violence, and history of homelessness. The NOFA committee created a Project Ranking Tool that evaluates a host of performance and compliance measures to gauge whether projects serve the needs and vulnerabilities the CoC has prioritized. In the CoC ranking and project prioritization process the HUD System Performance Measure of "returns to homelessness" are prioritized along with Exits to Permanent Housing placement/retention and if the project abides by a Housing First policy. The CoC inquires of each new, and renewing, project application which of the HUD prioritized sub-populations the project would serve. The NOFA Committee also prioritizes projects based on geographic need, available resources, and PIT/HIC data as well.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/06/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/06/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Mid America Assistance Coalition

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	872	315	281	50.45%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	392	0	109	27.81%
Rapid Re-Housing (RRH) beds	304	2	229	75.83%
Permanent Supportive Housing (PSH) beds	356	0	99	27.81%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

Increased efforts in CE identified more beds/resources in the CoC. Multiple data entry requirements by non-HMIS providers (e.g. VASH) discourages participation. The CoC will work to find solutions to incorporate data from all databases. Through the CoC HMIS Grant, it is able to cover all fees and costs associated with using HMIS (setup, annual, training, support, etc). The 8 regions will work to educate, inform and build relationships with community partners on how HMIS participation affects all project types and how HMIS success can lead to more funding and a stronger service network. The CoC HMIS System Administrator is present at each CoC and regional meeting, continuously advocates for system use by non-federally funded partners, provides customized training and support and collaborates with the CoC Lead on securing new HMIS partners. The CoC advocates that HUD provides guidance to VASH and other PHA Programs to participate in HMIS at the level of the other HUD Federal Partners.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 7

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/28/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/28/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)**

The CoC expended time and staff resources to plan and conduct an improved and inclusive PIT Count. Data entry was improved and streamlined through utilization of a customized portal in our HMIS implementation. Training and strategic planning began earlier this year and a larger PIT Committee was convened than in previous years. The 8 regional coordinators increased their role in leading their regions count, greater number of volunteer commitments and community engagement and led the regional data entry team. KSHC staff systematically reviewed all data for accuracy and duplicity, ensuring that all data analyzed and submitted was complete and reliable. The CoC believes these intentional changes led to a more accurate count which increased the total sheltered PIT count numbers.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

The CoC expended time and staff resources to plan and conduct an improved and inclusive PIT Count. Data entry was improved and streamlined through utilization of a customized portal in our HMIS implementation. Training and strategic planning began earlier this year and a larger PIT Committee was convened than in previous years. The 8 regional coordinators increased their role in leading their regions count, greater number of volunteer commitments and community engagement and led the regional data entry team. KSHC staff systematically reviewed all data for accuracy and duplicity, ensuring that all data analyzed and submitted was complete and reliable. The CoC believes these intentional changes led to a more accurate count which increased the total unsheltered PIT count numbers.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

Each of the 8 regions, with guidance from the CoC created a customized approach for a better count of homeless youth. Strategies included engaging youth, service events and informed mapping/canvassing of count areas. Additionally, CoC Staff adjusted the PIT survey tool used to capture the specific

age range of 18-24. Survey interviews found that homeless youth in rural and frontier counties reported sleeping on couches with friends and did not qualify as homeless for the PIT Count. The CoC took steps to engage these individuals but could not include them in the final PIT count.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

Each of the 8 regions created a customized approach for a better count of individuals and families experiencing chronic homelessness. Strategies included engaging law enforcement, service events and informed mapping/canvassing of count areas. CoC staff provided training to PIT volunteers to educate them to correctly ask the different questions involved in determining chronic homelessness status.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

The CoC experienced a decrease of 341 persons between FY2015 (revised) and FY2016 of SPM 5.1. The Regional Coordinators and their team of stakeholders identify the different risk factors in each area in real time. This is done through engaging various partners and garnering feedback from stakeholders with a vested interest in reducing the risk of becoming homeless. The CoC relies on the ESG sub-recipients that receive HP for coordination. The CoC works with the ESG Program Manager to ensure that HP funding is available and accessed by the communities that display a need. The CoC Program Coordinator works to educate all agencies in the CoC of all HP projects available to the clients that are served. This education and coordination helps inform everyone in our geographic area of the projects we have. KSHC Staff oversee, lead and facilitate all CoC committees that work toward this measure.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

The CoC experienced a decrease between FY2015 (revised) and FY2016 for both SPM 1.1 and 1.2; 1860 to 1598 and 2400 to 2132 respectively. The primary focus of our strategy has been our Coordinated Entry initiatives; prioritizing services and connecting families and individuals with the appropriate resource as quickly as possible. KSHC is the organization that is responsible for

the CoCs strategy to reduce or end the number of individuals and families experiencing homelessness for the first time. This is done through engaging various partners and garnering feedback from stakeholders, all with a vested interest in reducing the length-of-time individuals and families remain homeless.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)

The CoC experienced an increase between FY2015 (revised) and FY2016 of SPM 7a.1 of 19%, 7b.1 of 15%, 7b.2 of 7%. Part of the Coordinated Entry process includes matching individuals and families with the appropriate program to best serve their needs and that will lead to successful permanent housing placement and retention. This is achieved through using common assessment tools, education and coordination with all project types in the CoC. KSHC is the organization that is responsible for the CoC's strategy to identify and address individuals and families at risk of becoming homeless. This is done through engaging various partners and garnering feedback from stakeholders, all with a vested interest in reducing or ending homelessness. The CoC Program Coordinator works to educate all providers of all project types (regardless of funding source) of the variety of projects available to participants.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)

The CoC experienced a decrease in returns to homelessness for ES (5%), TH (3%) and PH (5%) with an overall decrease of 4%. There was a 0% change in returns for SO and SH projects. The CoC has use of data sharing through HMIS and agencies can see a client's homeless history and use that information to connect them with the best resource. The CoC employs strategies to train case managers on Strengths-Based Case Management, Trauma Informed Care, Housing First and accessing mainstream benefits for their clients all with the goal of keeping individuals and families in permanent housing and to reduce recidivism. KSHC is the organization responsible for the CoC's strategy to identify and address individuals and families at risk of returning to homelessness. This is done through engaging various partners and garnering feedback from community members. The CoC Program Coordinator works with the 8 Regional Coordinators to facilitate and plan training for all projects.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

Trained Targeted Case Management staff members immediately begin assisting individuals through the process of applying for, and securing mainstream benefits. CoC funding allows projects to maintain qualified, trained supportive and employment staff that are adept to assist individuals in applying for and securing benefits and/or paid work. The CoC works collaboratively with employment organizations, by referral and or direct supports to link clients to appropriate resources. Projects work to assess employment strengths, needs, and secure supports to overcome barriers and challenges. These resources include; Vocational Rehabilitation, Ticket to Work, Assistive Technology of Kansas, or paid job training programs under a sub minimum wage certificate under section 14(c) of the Fair Labor Standards Act. KSHC Staff oversee, lead and facilitate all CoC committees that work toward this measure.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy) 06/05/2017

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	15	61	46

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	31
Total number of beds dedicated to individuals and families experiencing chronic homelessness	48
Total	79

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

In order to identify families with children and rehouse them within 30 days the CoC uses the Coordinated Entry process. The Coordinated Entry process allows for programs to identify all families with children and prioritize and coordinated their rehousing. The priority list is housed within HMIS (excluding DV programs) for easy access across the CoC. Every region is provided with a list of Rapid Rehousing programs and those providers are required to attend all CoC Regional meetings to ensure collaboration. The CoC has made efforts in the previous year and as a result there has been a decrease in the number of homeless families with children. KSHC is the organization that is responsible for the CoC's strategy. This is done through engaging various partners and garnering feedback from stakeholders, all with a vested interest in rapidly rehousing families with children.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	0	67	67

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

The CoC ensures that every provider is aware of the requirements for the prohibition of involuntary family separation and anti-discrimination on any federally protected category. The CoC follows all HUD and other federal mandates in regards to Equal Access, Fair Housing, Non-discrimination, etc. CoC agencies have created and implemented policies specific to their individual programs that address the needs of their LGBT clients. The CoC coordinates

with the ESG Recipient to require their sub-recipients to submit agency policy showing LGBT inclusion and equal treatment. Training is provided at the annual Kansas Housing Conference and the All Grantee meeting provided by HUD staff. Training is held in each region annually and on an ad hoc basis. The CoC works with non federally funded programs to educate around policies and demonstrate why such policies are important. KSHC has program's policies on file and includes a review of those policies for project application and program monitoring.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

Strategies are developed regionally based on need, each region works to include and increase youth service providers in the CoC. Agencies seek HUD and private funded opportunities to implement Rapid Rehousing projects. KSHC's strategic planning will be intentional in advocacy efforts for housing and services for youth and bringing together youth leadership of Kansas to exchange information, best practices and discuss collaborative funding.

Coordinated entry is successful for adult populations and intentional assessment of youth to include youth should result in success. HUD has presented evidence that Housing First Approach is effective and maintains this as an effective method to ending youth homelessness. Rapid Rehousing allows a wide range of housing options and practices effective in the ending and preventing homelessness. Collaborative efforts connecting wraparound services will aide in the success of a Housing First program. The CoC uses PIT, AHAR and APR data to track and analyze youth homelessness and the CoC's response to serving this population. The CoC believes that these measures, along with any new HUD guidance, is the most appropriate way to measure the effectiveness of the CoC's effort. The CoC has worked to establish quality data within the HMIS and trust the information reported out by that system. The CoC attend various conferences and training on the subject and will adopt new measures and strategies as they are proven on a regional or national level.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

The CoC provides training and invites many different educational authorities and school districts to participate in the regional networks, including private and faith based schools as appropriate to the region. The CoC has a relationship with the State Coordinator for the Education of Children and Youth with the Kansas Department of Education (KDE); they provide training, participates in CoC planning and disseminates information throughout the KDE. All McKinney-Vento liaisons are given training and resources in order to serve any homeless children identified. The CoC encourages and fosters relationships between grantees and McKinney-Vento liaisons to bridge any gaps in services for homeless individuals and families. KSHC strategic will encompass additional strategies collaborate with youth education providers.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start	Yes	
Early Head Start	Yes	
Child Care and Development Fund		
Federal Home Visiting Program		
Healthy Start		
Public Pre-K		
Birth to 3		
Tribal Home Visting Program	No	
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

Through the CoC's Coordinated Entry process, steps have been taken to ensure that when veterans are identified they are quickly referred to a veteran service provider, which the local Supportive Services for Veteran Families (SSVF) recipients serve as the lead. The Veterans Administration has distributed information throughout the CoC to explain how homeless Veterans can connect to other homeless Veterans in sheltered and unsheltered settings for peer support. Representatives from the Veterans Administration, HUD-VASH, SSVF, and Veterans Grant Per Diem (GPD) programs participate in CoC meetings and events, including a Board presence. They are an integral part of the homeless services community and funded by the VA. Veteran status is identified by each grantee during the program entry assessment so that appropriate resources can be identified and referrals made.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? No

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

All projects have case managers who are tasked with the responsibility to assist homeless program participants in applying for and receiving mainstream benefits, health insurance and medicaid. Several of the CoC and ESG projects have Certified SSDI/SSI Outreach, Access and Recovery (SOAR) representatives to assist program participants access income and benefits. Department of Children and Families (DCF) representatives are invited to participate in Regional Homeless Coalitions that report to the CoC. The CoC has established a Mainstream Benefit Committee to provide current mainstream benefit information regarding resources available for homeless program participants, including Food Stamps, SSI, TANF, and substance abuse programs. This committee informs members and recommends strategies for further access to mainstream benefits to project participants. It will also arrange

for training at the regional meetings and the annual Housing Conference.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	17.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	16.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	94.12%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	17.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	14.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	82.35%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

The CoC partners with PATH programs in our geographic area to lead Street Outreach (SO). PATH, CoC and ESG recipients coordinate with faith based agencies and other community programs to seek out and identify any individual or family who is experiencing homelessness. Outreach does not cover 100% of the geographic area. The CoC spans 101 counties, most rural and frontier, making 100% coverage difficult. The regional SO teams work with law enforcement, libraries, park services staff (state & local), etc. to assist in reaching those in the most remote places of the CoC. SO is conducted regularly between 8-5 Monday through Friday with after hour services available as needed. Each region tailors the SO approach to meet the local need and all include: creating safe places for basic needs, relationship building, canvassing known areas and referrals through community partners (e.g. mental health centers, shelters, hospitals).

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin,**

religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

The Coordinated Entry (CE) process has been implemented throughout the CoC. The CE policies and procedures include Fair Housing requirements which ensures inclusion in housing and supportive services regardless of race color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability. Marketing and access to the CE process is provided to cooperating agencies through the Kansas Statewide Homeless Coalition's website and on flyers distributed throughout the communities where homeless individuals congregate. Each CE Access Site has measures in place to provide effective communication to persons with disabilities and those with limited English proficiency. Centers for Independent Living cover each of the 101 counties in the CoC and are resources for access and language translation services when not available at the Access Site.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	0	304	304

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	No Rejection Docu...	09/18/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: No Rejection Documentation

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. Identification	09/13/2017
1B. Engagement	09/20/2017
1C. Coordination	09/20/2017
1D. Discharge Planning	08/30/2017
1E. Project Review	09/20/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	Please Complete
2B. PIT Count	09/20/2017
2C. Sheltered Data - Methods	09/20/2017
3A. System Performance	09/20/2017
3B. Performance and Strategic Planning	09/20/2017

4A. Mainstream Benefits and Additional Policies	09/20/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required