

## 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):** NY-600 - New York City CoC

**CoC Lead Organization Name:** New York City Department of Homeless Services

# 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:** New York City CCoC Steering Committee

**Indicate the frequency of group meetings:** Monthly or more

**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:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**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):**

The CoC is managed by the Steering Committee consisting of 27 voting members and the Co-chairs of this committee. The voting members consist of 8 Government Representatives, 8 Consumer Committee Representatives, 8 Coalition (Providers) Representatives, and 3 At-Large Representatives. The committee meets monthly and the 27 voting members are elected at the Annual Meeting. The Nominating Committee coordinates the election process, solicits nominees, determines eligibility and submits a slate to the Steering Committee in preparation for elections. This protocol, documented in the CoC by-laws, was established in 2004 to ensure a consistent process over time and to allow for open and fair elections.

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

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**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):**

The CoC would appreciate the opportunity to increase its role in applying for HUD funding, serving as a grantee and providing project oversight and monitoring. Currently, grantees individually complete applications for funding and renewals, with DHS serving as a facilitator of the application process. DHS also provides support to the CoC with project oversight and monitoring. These activities rely heavily upon DHS staff time and expertise.

Additional administrative funds earmarked specifically to coordinate, oversee and monitor the process would provide greater flexibility and increase support to the CoC, enabling it to utilize grant monies efficiently and support some of DHS' responsibilities.

# 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
Steering Committee	This is the lead decision-making/planning body of the CoC. It responds to HUD's NOFA and is responsible for coordinating homeless planning efforts/policies including cooperating with DHS in the PIT count. It coordinates the citywide application for homeless housing and services funding. The committee also ensures the broad involvement of constituent groups, including homeless people. In addition, it is charged with overseeing project review, selection and evaluation.	Monthly or more
Gaps and Needs Committee	This committee identifies homeless populations underserved by CoC funds by consulting with NYC's wide array of service providers and identifies strategies to fund projects to serve said populations. It tracks trends and makes recommendations to the CoC for adjusting priorities to meet the changing needs of homeless households. It communicates to the CoC on a regular basis any pertinent updates prior to Steering Committee meetings. The committee officially reports to the CoC at least on a quarterly basis.	Monthly or more
Evaluation Committee	The charge of this committee is to review the evaluation process to address areas where the CoC can meet and exceed HUD standards. It maintains and, with approval, updates the evaluation tool used as part of renewal programs' evaluation process. The committee makes sure that trainings and site visits occur as scheduled and shares any changes with responsible DHS staff. The committee reports to the CoC on at least a quarterly basis.	Monthly or more
Policy and Advocacy	This committee identifies viable strategies to raise funds to augment McKinney-Vento funding. It identifies/actively engages in strategies to advocate for policies and legislation that impact CoC providers, including activities to increase McKinney-Vento funding. It is charged with communicating to the CoC any pertinent updates prior to Steering Committee meetings. It reports to the CoC at least on a quarterly basis.	Monthly or more
Data Management	This committee provides compliance oversight for HMIS standards set by HUD/CoC to all the CoC service providers. It identifies data collected through this process and reports to the CoC with recommendations. Additionally, it looks for new ways to make the HMIS process more user-friendly, while increasing participation. It identifies and develops strategies on new ways to streamline the data collection process. This committee reports to the CoC at least on a quarterly basis.	Monthly or more

**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	Org aniz atio n Typ e	Organization Role	Subpop ulations
Ali Forney Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Anchor House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Bailey House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Bowery Residence Committee (BRC)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Church Avenue Merchants Block Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Center for Urban and Community Services (CUCS)	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Citizens Advice Bureau	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Common Ground	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Community Access	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Communilife	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Covenant House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Federation of Employment and Guidance Services ...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Fortune Society	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse

Foundation for Research On STDs (FROST'D)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
Fountain House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Friends House at Rose Hill	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Goddard Riverside	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Housing + Solutions	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
H.E.L.P. Social Service Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Heritage, Health and Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Serio...
Housing Works	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Institute for Community Living (ICL)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Jericho Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Lenox Hill Neighborhood Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Lower East Side Service Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...
New Destiny Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
New Providence Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Odyssey House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Palladia	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...
Pathways to Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...

Phase Piggy Back	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Pibly Residence Community	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Post Graduate Center for Mental Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Project for Psychiatric Outreach for the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Praxis Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Project Hospitality	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Project Renewal	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Safe Space	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, HIV/AIDS
Samaritan Village	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Services for the Underserved	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
The Bridge, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
The Doe Fund	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
The Educational Alliance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
The Open Door	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Urban Justice Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, Se...
Urban Pathways	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Urban Resource Institute	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...

VIP Community Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Volunteers of America	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Weston United	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
West Side Federation for Senior Supportive Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Women In Need	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Hudson Planning Group	Private Sector	Funder...	None	NONE
Picture the Homeless	Private Sector	Funder...	Committee/Sub-committee/Work Group	Seriously Me...
DAH Consulting, Inc.	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Supportive Housing Network Of New York (SHNNY)	Private Sector	Funder...	Committee/Sub-committee/Work Group	Seriously Me...
Association for Community Living	Private Sector	Funder...	Committee/Sub-committee/Work Group	Seriously Me...
Re-Entry Roundtable Formerly Incarcerated and C...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Coalition for The Homeless	Private Sector	Funder...	Committee/Sub-committee/Work Group	Seriously Me...
Homeless Services United	Private Sector	Funder...	Committee/Sub-committee/Work Group	Seriously Me...
Coalition of Behavioral Health Agencies, Inc.	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Coalition for Veterans in Pain and Distress	Private Sector	Funder...	Committee/Sub-committee/Work Group	Veterans
Legal Aid	Private Sector	Funder...	None	NONE
New York Association of Alcoholism and Substanc...	Private Sector	Funder...	Committee/Sub-committee/Work Group	Substance Abuse
New York City AIDS Housing Network	Private Sector	Funder...	Committee/Sub-committee/Work Group	HIV/AIDS

New York Association of Psychiatric Rehabilitat...	Private Sector	Funder ...	Committee/Sub-committee/Work Group	Seriously Me...
New York Coalition of Domestic Violence Residen...	Private Sector	Funder ...	Committee/Sub-committee/Work Group	Domestic Vio...
New York Immigration Coalition	Private Sector	Funder ...	None	NONE
Bensonhurst Council of Jewish Organizations	Private Sector	Faith-b...	None	Seriously Me...
Friends House in Rosehill	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Catholic Home Bureau	Private Sector	Faith-b...	None	Seriously Me...
Hebron SDA Church	Private Sector	Faith-b...	None	Seriously Me...
Providence House Re-Entry Coalition	Private Sector	Faith-b...	None	Seriously Me...
St. John's Place Family Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Jewish Board for Family Services	Private Sector	Faith-b...	None	Seriously Me...
Metropolitan Council on Jewish Poverty	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Holy Apostles Soup Kitchen	Private Sector	Faith-b...	None	Seriously Me...
St. John's Bread and Life	Private Sector	Faith-b...	None	Seriously Me...
Enterprise Foundation	Private Sector	Businesses	None	NONE
Northern Manhattan Improvement Corporation	Private Sector	Businesses	None	NONE
St. Vincent's Medical Center	Private Sector	Hospita..	None	Seriously Me...
Visiting Nurse Service of New York	Private Sector	Hospita..	None	NONE
Robert Robinson	Individual	Homeles..	Committee/Sub-committee/Work Group	Seriously Me...
LaVerne Holley	Individual	Homeles..	Committee/Sub-committee/Work Group	Seriously Me...
Jonny DeFranco	Individual	Homeles..	Committee/Sub-committee/Work Group	Substance Abuse

Irma McEachnie	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
Cameron Craig	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	HIV/AID S
Beng Lee Kam	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
William Speidel	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Veteran s
Argus Community	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Lawrence Taylor	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Substan ce Abuse
Frank Clarke	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
Wanda Thomas	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
Iline Chung	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
Marie B. Roumer	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
David Obele	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
Grace Anderson	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
Wayne Anderson	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
James R. Branch	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Seriousl y Me...
Veritas Therapeutic Community Inc.	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Substan ce Abuse
Association to Benefit Children	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Substan ce Ab...
Banana Kelly Improvement Association, Inc	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...

Basics, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Coalition for the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Columba Kavanagh House, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Community Action for Human Services, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Community Counseling and Mediation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Damon House Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...
East New York Urban Youth Corps	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...
El Regreso, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse

# 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, 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, g. Site Visit(s), 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, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

**Voting/Decision-Making Method(s):  
(select all that apply)**

- c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, d. One Vote per Organization, 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):**

New York City has a right to shelter and ensures sufficient shelter capacity to meet demand. Capacity expands as necessary so that no one is turned away due to bed shortages. In 2009 there was an increase in the total number of shelter beds. This increase can be explained in part by greater demand for shelter and in part by program re-categorization intended to align how New York City categorizes programs with the HUD rules.

**Safe Haven:** Yes

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

Safe Haven beds decreased in 2009. This is due to the re-categorization of one program. The re-categorized program reported additional beds in 2009, disqualifying it from inclusion in the Safe Haven inventory based on the HUD Safe Haven definition, which establishes a maximum number of beds that a program can have.

**Transitional Housing:** No

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

Transitional Housing beds decreased in 2009. This decrease is due to program re-categorization intended to align how New York City categorizes programs with the HUD rules.

**Permanent Housing:** Yes

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

Permanent Supportive Housing beds increased in 2009. This increase is due to ongoing efforts by New York City and New York State to invest in the creation of permanent housing beds designated for homeless people through the NY/NY III initiative, which is part of a comprehensive strategy to end chronic homelessness and move homeless families and individuals into permanent housing as quickly as possible.

**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	e_hic	11/19/2009

## Attachment Details

**Document Description:** 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:** 01/26/2009  
(mm/dd/yyyy)

**Indicate the type of data or methods used to complete the housing inventory count:** HMIS plus housing inventory survey  
(select all that apply)

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS  
(select all that apply)

### Must specify other:

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

### Specify "other" data types:

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

NYC provides sufficient shelter to meet demand and to ensure that no one is turned away due to capacity shortages; there is no unmet need for shelter. To calculate need for TH, PSH and SH, stakeholders meets to review available data and determine a methodology using sheltered and unsheltered PIT data, HMIS, housing inventory data, and national and local statistics. The methodology targets the most costly interventions (i.e., PSH) to those with the greatest long-term need and uses available data to calculate how many people in sheltered and unsheltered locations can resolve their homelessness on their own or with assistance not included in HUD unmet need categories(e.g., emergency financial assistance).

## 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:** NY-600 - New York City CoC  
(select all that apply)

**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?** Yes

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** NYC HMIS CCoC AWARDS Report Server

**What is the name of the HMIS software company?** Foothold Technology

**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):** 10/01/2006  
(format mm/dd/yyyy)

**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:** Other  
(select all the apply):

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).

The CoC has worked through the challenges of initial HMIS implementation. Providers who had difficulties uploading received technical assistance from Foothold, the HMIS host, as well as from DHS staff. In addition, providers continue to receive training and are able to use DHS facilities as necessary to ensure timely uploads.

## 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** New York City Department of Homeless Services

**Street Address 1** 33 Beaver Street

**Street Address 2** 20th Floor

**City** New York

**State** New York

**Zip Code** 10004

**Format:** xxxxx or xxxxx-xxxx

**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:** Ms.

**First Name** Joanna

**Middle Name/Initial**

**Last Name** Weissman

**Suffix**

**Telephone Number:** 212-607-2437  
(Format: 123-456-7890)

**Extension**

**Fax Number:** 212-232-0559  
(Format: 123-456-7890)

**E-mail Address:** jweissma@dhs.nyc.gov

**Confirm E-mail Address:** jweissma@dhs.nyc.gov

## 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	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** Monthly

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

## 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	2%	6%
* Date of Birth	0%	0%
* Ethnicity	12%	0%
* Race	25%	9%
* Gender	0%	0%
* Veteran Status	21%	0%
* Disabling Condition	28%	1%
* Residence Prior to Program Entry	17%	12%
* Zip Code of Last Permanent Address	23%	7%
* 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?** Monthly

**How frequently does the CoC review the quality of program level data?** Monthly

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

In order to improve data quality the CoC's HMIS is programmed so that a new record may not be created without certain basic data elements. DHS, the single largest data contributor in the CoC, programmed continuous validation requirements throughout the client record creation process. In addition, monthly review of records to correct data errors, such as zip code of last permanent address, ensure high data integrity. Foothold Technology, our HMIS provider, conducted 13 trainings last year which included a focus on proper data entry. DHS communicates monthly to providers to ensure regular uploads and conducts a rigorous annual evaluation process which includes verifying HMIS data against submitted APRs.

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

To ensure that valid program entry and exit dates are recorded in HMIS, in addition to trainings offered by HMIS provider Foothold Technology, the CoC provides trainings on APR requirements. Last year these were held on March 5, 2009, March 12, 2009 and April 13, 2009. During the annual evaluation process the CoC compares APR data to exit/entry dates that are listed in the HMIS system to ensure data integrity. DHS, the largest HMIS data contributor in the CoC, conducts daily census and capacity counts which supports accurate entry/exit data. DHS centrally manages the family intake/bed assignment system which ensures accurate entry/exit data. The single adult data system is also programmed to require regular validation of entrants/exits.

## 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:

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

## 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	Monthly
* Secure location for equipment	Monthly
* Locking screen savers	Monthly
* Virus protection with auto update	Monthly
* Individual or network firewalls	Monthly
* Restrictions on access to HMIS via public forums	Monthly
* Compliance with HMIS Policy and Procedures manual	Monthly
* Validation of off-site storage of HMIS data	Monthly

**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)?** Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 10/15/2009

**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	Annually
Data Security training	Annually
Data Quality training	Annually
Using HMIS data locally	Semi-annually
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Annually
HMIS software training	Annually

## 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):** 01/26/2009

**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			
		Emergency	Transitional	Unsheltered	
					Total
<b>Number of Households</b>	8,957	676	0	0	9,633
<b>Number of Persons (adults and children)</b>	29,251	1,904	0	0	31,155
		Households without Dependent Children			
		Sheltered			
		Emergency	Transitional	Unsheltered	
					Total
<b>Number of Households</b>	9,042	5,384	2,328	0	16,754
<b>Number of Persons (adults and unaccompanied youth)</b>	10,476	5,384	2,328	0	18,188
		All Households/ All Persons			
		Sheltered			
		Emergency	Transitional	Unsheltered	
					Total
<b>Total Households</b>	17,999	6,060	2,328	0	26,387
<b>Total Persons</b>	39,727	7,288	2,328	0	49,343

## 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)	1,543	1,560	3,103
* Severely Mentally Ill	7,163		7,163
* Chronic Substance Abuse	12,468		12,468
* Veterans	3,689		3,689
* Persons with HIV/AIDS	4,171		4,171
* Victims of Domestic Violence	7,248		7,248
* Unaccompanied Youth (under 18)	6		6

## 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?**      Annually

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)**      01/25/2010

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

**Emergency shelter providers:**      100%

**Transitional housing providers:**      83%

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

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):

HMIS data were used to count people in ES/TH. Where HMIS data were not available, we surveyed providers. For providers that did not report survey data, we applied the overall occupancy rate from available data to their beds to derive PIT counts.

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 overall sheltered homeless population count did not change significantly from 2008 (i.e., a decrease of less than 2%). This decrease was driven by a decrease among sheltered single adults and can be attributed largely to the development of new permanent supportive housing.

## 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](http://www.hudhre.info/documents/counting_sheltered.pdf) at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](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):**

<b>HMIS</b>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation:</b>	
<b>Sample strategy:</b>	
<b>Provider expertise:</b>	
<b>Non-HMIS client level information:</b>	
<b>None:</b>	
<b>Other:</b>	X

**If Other, specify:**

HMIS data were used to count persons in emergency shelter and transitional housing. Where HMIS data were unavailable, data were collected through a survey to providers. Where providers did not report survey data, an occupancy rate based on available data was calculated and that rate was applied to the beds. All of the data collected through the above methods were aggregated to produce the sheltered population data, which were the basis for the methodology described below.

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

For programs with units designated for specific homeless sub-populations, 100% of the occupants were included in the relevant sub-populations count. For programs without targeted units, we used HMIS data where available and applied incidence rates from reliable local and national studies to the homeless population counts.

**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):**

NYC continues to make substantial progress towards ending chronic homelessness. Strategies implemented include significant development of new permanent supportive housing beds for chronically homeless people, policy changes requiring that existing housing be designated for chronically homeless people upon re-rental, and intensive efforts to identify individuals who have been homeless the longest and move them into housing. Since 2008 NYC created over 2200 permanent supportive housing beds for chronically homeless people through a combination of new development and targeting of existing PSH resources. As a result of these efforts, we reduced chronic homelessness by 20% since 2008. There was no significant change in the mentally ill or veterans subpopulations. The chronic substance abuse subpopulation increased significantly since 2008 (largely attributable to a methodological change aimed at using more reliable data). The HIV subpopulation increased significantly due to a methodological change intended to more accurately account for undiagnosed cases. Victims of DV increased due to a methodological change to align with HUD standards as described in the Guide to Counting Sheltered People. The youth subpopulation decreased significantly due to a decrease in the number of youth sheltered in the Division of Youth & Community Development system & a methodological change intended to align methods to HUD standards.

## 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)**

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

**If Other, specify:**

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

## 20. 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](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:

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:** Probability Sampling

### If Other, specify:

#### HOPE Methodology

It would be impossible to send volunteers to survey every block in New York City, so volunteers are sent methodically to areas distributed throughout the City to provide the most accurate estimate of New York's street homeless population. The City's streets, parks, and subway stations are divided into approximately 7,000 HOPE Areas, each about the size of a few square blocks. In the months before the Count, DHS uses information from outreach providers and past HOPE results to divide the city into high density areas, where we expect to find unsheltered individuals, and low density areas, where we may not. On HOPE night, teams of volunteers survey all high density areas and a random sample of low density areas, collectively walking over a thousand miles through New York City's streets, parks and subway stations. To maintain the survey's integrity, volunteers do not know if they are assigned to a high density or low density area.

## 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](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://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:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

**If Other, specify:**

Decoys:

To ensure data quality of the unsheltered persons count, the HOPE count has employed a quality assurance component every year since beginning its citywide count in 2005. An independent research organization plants decoy homeless individuals in a random sample of the street locations, parks, and subway stations that volunteers survey. The city adjusts its estimate based on the percentage missed. In all counts to date, a high percentage of decoys were found.

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

To reduce duplication, the unsheltered count occurs on one night between the hours of midnight and four a.m., after shelter curfew hours. Any homeless person interviewed is asked whether or not they have been interviewed before, and duplicates are removed from 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):**

In seven years of annual counts, five of which were citywide, there have not been any households with dependent children found unsheltered on the night of the count. NYC has a right to shelter, and all homeless families have access to the family intake center 24 hours a day, seven days a week.

**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):**

To identify, engage and reduce the number of persons that routinely sleep on the streets, in 2007, NYC re-engineered street outreach services through the implementation of Street to Home, a new service approach that established a single service provider in each of four clearly defined geographic areas. The outreach providers operate under performance contracts that include incentives to place chronically street homeless clients directly into housing. The January 2009 point-in-time count estimated a 30 percent decrease in unsheltered individuals from 2008, and a 47 percent decrease since the first citywide survey was conducted in 2005. In addition to re-configuring outreach services, DHS has supported the outreach teams by developing and implementing two new housing models targeted to chronically street homeless individuals: Safe Havens, a low demand "Housing First" approach that places service resistant street homeless clients directly into housing; and stabilization beds, a safe housing setting for clients who are waiting for housing applications to be processed. Both models are reserved for chronically street homeless clients who have chosen to remain on the streets rather than enter the homeless shelter system.

**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):**

Comparing the 2009 point-in-time count to the 2008 count, the number of unsheltered individuals has decreased by 30 percent. This success is attributed to the re-configuration of outreach contracts in 2007 which made a specific outreach provider accountable, through performance-based contracts, to clearly defined geographic areas. Since 2007 the CoC has placed an emphasis on creating housing models that support the needs of the chronically street homeless. These models offer low-demand housing for typically service resistant clients. DHS has also implemented "Street Stat", which are comprehensive, monthly data driven meetings to track the progress in reducing street homelessness and share best practices with providers.

### 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 CoC will coordinate with stakeholders in the next 12 months to create new permanent housing as follows: New permanent beds for the chronically homeless will be created through the 2005 NY/NY III Agreement, which provides \$1 billion to develop 9,000 units of supportive housing over 10 years. In the next 12 months 1,697 units of permanent housing for the chronically homeless will come on-line. DHS/DOHMH's Support Subsidy and NY/NY re-rentals must be dedicated to this population. A NYS Housing Finance Agency pilot will assist supportive housing tenants to move to 80/20 housing, freeing beds for the chronically homeless. DHS' allocation of Section 8 and HUD VASH vouchers will be targeted to this population. As a contingency plan, if goals are not being met the CoC will identify obstacles in the development process and work with City and State agencies to overcome delays so that units become available.

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

The NY/NY III Agreement will be the primary vehicle for creating new permanent housing for chronically homeless over the next ten years. The CoC will coordinate with stakeholders to identify opportunities to create permanent housing beds for chronically homeless over the next ten years in the following ways: HPD, a CoC Steering Committee member, will continue to maximize leveraging of federal tax credit dollars; Advocacy members will continue to work with Community Boards and other stakeholders to combat NIMBYism and advocate to regulatory agencies for expedited completion of permanent housing; the Gaps and Needs Committee will include the chronically homeless in its assessments and recommend strategies to increase permanent chronic beds. The CoC will advocate that new funding go to the most vulnerable homeless, targeting bonus applications towards chronic beds. The CoC will formulate strategies if interim goals are not achieved.

How many permanent housing beds do you currently have in place for chronically homeless persons? 5,061

How many permanent housing beds do you plan to create in the next 12-months? 6,500

**How many permanent housing beds do you plan to create in the next 5-years?** 7,750

**How many permanent housing beds do you plan to create in the next 10-years?** 9,000

### 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)?**

Last year 81% of homeless persons remained in permanent housing for at least six months, exceeding the HUD standard. The CoC will coordinate with stakeholders to continue to exceed this goal in the following ways: The CoC will maintain a high benchmark in the CoC Evaluation Scoring Document for this goal. The CoC will monitor APR performance throughout the year. If goals are not being met, a contingency plan will be implemented which requires corrective action plans for programs that do not meet the national standard. The CoC will coordinate with the local HUD TA provider to offer trainings on accurate completion of APRs. In addition, HPRP funding will support Citywide community-based aftercare services.

**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).**

The CoC has set as its long-term goal to not just meet but continue to exceed the national standard. The CoC will coordinate with stakeholders to continue to identify opportunities to increase the percentage of homeless persons remaining in housing for six months in the following ways: The CoC Evaluation Committee will maintain this objective as a critical component of the Evaluation Scoring Document. The CoC will monitor APR performance and require corrective action plans for programs that do not meet the national standard. APR trainings will be provided for all CoC Permanent Housing providers to ensure accurate completion of the APR. Targeted outreach and Technical Assistance will be given to providers who are underperforming in this area.

**What percentage of homeless persons in permanent housing have remained for at least six months?** 81

**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 82

**In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 83

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 85

### 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)?**

Last year, 60% of homeless persons moved from transitional to permanent housing, up from 56% in 2008. The CoC will coordinate with stakeholders to increase the percentage of homeless persons moving to permanent housing as follows: NYS OMH will assist clients no longer needing intensive Transitional Housing Community Residences to move to permanent supportive housing allowing others to move through the continuum of care. "Moving On" will provide Section 8 and PHACT teams to clients to move to permanent housing. Fixed Income Advantage rental assistance will enable clients in receipt of federal benefits to move to permanent housing. The CoC will maintain a high benchmark in the CoC Evaluation Document for this goal and offer trainings on accurate completion of the APR. The CoC will monitor APR performance in this area and, as part of its contingency plan, conduct site visits and require corrective action plans for programs that do not meet the standard.

**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).**

The CoC will coordinate with stakeholders and continue to identify opportunities to increase the percentage of homeless persons moving from transitional to permanent housing to at least 65% in the following ways: Intensive emphasis will be placed on this area to bring the CoC up to and above the standard. The CoC will maintain a high benchmark in the NYC CoC Evaluation Scoring Document for the percentage of homeless persons moved to permanent housing. The CoC will monitor APR performance and require corrective action plans for programs that do not meet the national standard. APR trainings will be provided and participation of low performers monitored to ensure accurate completion of the APR and improved performance in this area. The CoC will evaluate progress and formulate strategies if interim goals are not achieved.

**What percentage of homeless persons in transitional housing have moved to permanent housing? 60**

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 65

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 66

**In 10-years, what percentage of homeless persons in transitional housing will 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)?**

Last year, 23% of homeless persons were employed at program exit, exceeding the HUD standard. The CoC will coordinate with stakeholders to continue to exceed this goal as follows: The CoC will maintain a high benchmark in the Evaluation Process for this goal. The CoC will monitor APR performance and, if goals are not being met, implement a contingency plan which includes site visits and requires corrective action plans for poor performers. The CoC will link homeless persons with TANF funded work activities. In addition, the City will provide work incentives through Work Advantage, which provides up to two years of rental assistance to working households.

**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).**

The CoC will coordinate with stakeholders to continue to identify opportunities to increase the percentage of persons employed at program exit. The CoC will maintain a high benchmark in the Evaluation Process to continue to exceed the national standard. The CoC will monitor APR performance and require corrective action plans for programs that do not meet the standard. APR trainings will be provided to ensure accurate completion of the APR. In addition, providers who score high in this area will be available to provide best practices training for providers not meeting the standard. The CoC will evaluate progress and formulate strategies if interim goals are not achieved.

**What percentage of persons are employed at program exit?** 23

**In 12-months, what percentage of persons will be employed at program exit?** 24

**In 5-years, what percentage of persons will be employed at program exit?** 25

**In 10-years, what percentage of persons will be employed at program exit?** 26

### 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)?

Despite record housing placements and a reduced length of stay, record demand for shelter has resulted in an increase in homeless families. The CoC will coordinate with stakeholders to reduce the number of homeless households with children as follows: HPRP funding will be used to provide prevention services in the community to prevent shelter entry, as well as rapid re-housing services in shelters to assist families in leaving shelter for permanent housing. The CoC will collaborate with stakeholders to explore program models and resources to expedite family permanency. A new incentive structure will be implemented in shelters to reward reduced length of stay and movement to permanent housing and its effectiveness will be monitored. NY/NY III supportive housing will target the most vulnerable families. If goals are not met the CoC will implement a contingency plan that identifies additional strategies and resources to reduce the number of homeless families.

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

The CoC will coordinate with stakeholders to continue to identify opportunities to decrease the number of homeless households with children over the next ten years including the following: increasing public awareness of homelessness prevention in the community; increasing access to permanent housing; and reducing the length of stay in shelter. The CoC will evaluate progress in reducing the number of homeless households with children and formulate additional strategies if interim goals are not achieved.

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 9,633

**In 12-months, what will be the total number of homeless households with children?** 9,600

**In 5-years, what will be the total number of homeless households with children?** 8,000

**In 10-years, what will be the total number of homeless households with children?** 7,000

### 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 New York City Administration for Children's Services (ACS) has implemented a formal protocol with the New York City Housing Authority (NYCHA) in which the agencies match families with children in foster care with apartments in the NYCHA system. For public housing and Section 8, families are eligible for consideration if they have children in foster care and the sole barrier to reunification of the family is housing. In addition to the requirements listed above, families are also required to meet any other criteria that NYCHA has for its programs. Both of these programs target families who might otherwise enter the shelter system or utilize other forms of subsidized housing upon reunification with their families.

#### Health Care:

DHS has a Program Referral Unit (PRU) that assists DHS in its efforts to divert single adult clients to more appropriate levels of care. The PRU serves as the final review and placement unit for single adult homeless clients who are discharged from acute care, short- and long-term rehabilitation facilities, prison medical units, jail TB units, and State Psychiatric Centers. The PRU works with the Medical Review Team (MRT), a contracted service of DHS, which collects all the information that DHS needs to determine whether a client is medically (and/or psychiatrically) appropriate for shelter placement. If the client is found to be inappropriate for the shelter system, PRU notifies the hospital in writing that the shelter system is not equipped to shelter the individual, and delineates the reasons why such a placement would be unsuitable for the client. When appropriate, DHS diverts clients to higher levels of care or to other appropriate settings, including returning to family, HIV/AIDS Services Administration (HASA) facilities, or permanent supportive housing, before they enter or re-enter the shelter system.

**Mental Health:**

The MRT & PRU review referrals of homeless psychiatric in-patients, and determine whether they are capable of living safely and independently within the shelter system, and whether all other discharge options have been exhausted. For homeless persons not known to the shelter system, PRU requires detailed documentation of efforts to place in other-than-shelter settings. The acute care hospital is expected to apply for Assisted Outpatient Treatment (AOT) for all eligible homeless inpatients. DHS coordinates with DOHMH and HHC-specific AOT teams to work towards discharge to supportive housing, instead of shelter. When this is not possible, these clients are authorized into the DHS system and will receive priority for housing and special attention through their assigned Intensive Case Management (ICM) team. NYS-OMH certified residences & Psychiatric Centers are aware that they are not to discharge clients from their facilities to a shelter and OMH is fully supportive of DHS' stance in this area; this has resulted in changed practices. DHS, with NYS OASAS, established medically supervised ambulatory detox programs in three DHS shelters in order to interrupt the shelter/detox/street cycle by offering detox services in shelter followed by an assertive linkage with long-term drug or alcohol treatment. Upon completion of the program homeless persons should be placed into permanent housing.

**Corrections:**

Discharge Planning protocols continue to be refined and implemented with DHS, DOP, DOC, and DOHMH. Five years ago, New York City initiated a discharge planning collaboration comprised of public and private partnerships which has been working to improve outcomes for clients leaving city jail, specifically reducing homelessness and recidivism for this population. A program targeting frequent users of shelter and jail for services and supportive housing and an effort to expedite connection to benefits for clients upon release from jail were created. For "Brad H." clients (clients with mental illness being released from jail), the DHS Corrections Review Unit (CRU) can access the NYC-DoHMH database to process Brad H. clients for DHS services. The Corrections Review Unit (CRU) informs Intake Sites of possible Brad H. clients and receives information from NYS OMH when clients arrive at a shelter intake facility.

### 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:** Investing in proven strategies to reduce the number of homeless individuals on the streets. Preventing those families and individuals at-risk of homelessness from entering shelter. Ensuring that shelter is a short-term solution to a housing crisis by rapidly re-housing families and individuals.

**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):**

NYC's HPRP initiative is structured in a way to maximize CoC coordination. DHS, the lead government agency in the CoC, is also the lead City agency in the planning and implementation of HPRP in NYC. CoC member agencies contributed to the development of the NYC HPRP initiative, and many are directly involved in its implementation. During the drafting of the substantial amendment to the Consolidated Plan 2008 Action Plan, DHS held meetings with the CoC to present a proposed framework and to receive recommendations on areas for enhancement. The final plan accepted by HUD incorporated much of their feedback. DHS updated the CoC on the HPRP initiative at the October Steering Committee Meeting. DHS will continue to report on the progress of the HPRP initiative through the regularly scheduled CoC Steering committee meetings and maintain an ongoing dialogue with CoC members, including consumers, to ensure that vulnerable populations, such as people living with HIV/AIDS, youth, seniors and veterans, benefit from this funding. To swiftly meet the mandate of HPRP and achieve successful outcomes for New Yorkers in need, NYC chose to utilize its existing network of proven homelessness prevention and rapid re-housing providers, many of whom are CoC members. For example, NYC was able to provide critical anti-eviction, re-housing and case management services through this network of social service agencies.

**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)?**

Central to NYC's work to prevent homelessness in the first place and to rapidly re-house New Yorkers who have become homeless are targeted initiatives to stabilize and strengthen communities, in particular those that have been impacted by the foreclosure crisis. A key concern of the CoC is to ensure sufficient and habitable affordable housing stock so that families and individuals can remain in their homes or, for those who have become homeless, return to homes in the community. The NSP initiative, coordinated in NYC by the Department of Housing Preservation and Development (a CoC Steering Committee member), provides an important resource to rehab distressed buildings that have been foreclosed on, ultimately allowing the City to access housing stock that may have otherwise gone unused. To the extent that there are rental units in any of these properties (i.e., 2-3 family homes) the CoC will explore opportunities to connect families leaving the shelter system to these rental units. HPD will report out on the progress of NSP at Steering Committee meetings.

The NYC CoC is actively committed to ensuring that particularly vulnerable populations, including veterans, benefit from all resources potentially available to them. In December 2006, NYC and the federal Department of Veterans Affairs (VA) developed the Operation Home Task Force to end veteran homelessness in New York City. In 2008, a DHS-VA jointly operated Multi-Service Center where homeless veterans can access federal benefits and housing assistance was opened. The VA has coordinated with DHS, the CoC lead agency, to administer the local HUD VASH program to make vouchers available to veterans in need. Since the beginning of the program, 1,015 vouchers were allocated to serve veterans in the NYC area, and 375 additional vouchers have recently been committed by HUD. A total of 350 vouchers have been distributed to veterans referred from DHS shelters, and the VA and DHS continue to work with their partners to distribute the remaining vouchers and link veterans to permanent housing. The CoC also solicits recommendations from the veteran consumers serving on the CoC Steering Committee on how best to address the service needs of veterans.

## 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.	3,500	Beds	5,061	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	88	%	81	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	%	60	%
Increase percentage of homeless persons employed at exit to at least 19%	22	%	23	%
Decrease the number of homeless households with children.	7,769	Households	9,633	H o u s e h o l d s

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:

Eighty-one percent of homeless persons stayed in permanent housing for over six months, above HUD's target of 77%. The vast majority of providers performed above the CoC's target of 88%. Data entry accuracy may have contributed to providers falling below the benchmark. The CoC will work with these providers to ensure that data was recorded accurately.

Sixty percent of homeless persons moved from transitional to permanent housing. While this rate was lower than the proposed goal of 64%, it was an increase over the previous year's performance (56%). The tight housing market and very low vacancy rates for affordable apartments in NYC continue to present challenges to individuals seeking permanent housing.

The number of homeless households increased despite record placement of families into permanent housing and a reduction of the length of stay in shelter. The City experienced a significant increase in applications for shelter which is attributed to the economic recession. In addition, a methodological change resulted in an increase in homeless households with children recorded in this section. The proposed 12 month achievement milestones included in last year's NOFA application included only those families with children in DHS emergency shelters. Following the instructions in this year's Exhibit 1, the CoC has aligned the milestones with the PIT numbers, which include families in HASA, HPD, DYCD and DV emergency and transitional shelters.

## 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	5,233	1,811
2008	3,885	2,827
2009	3,103	5,061

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. 2675

### 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					
Operations			\$21,315,406	\$11,651,165	
Total	\$0	\$0	\$21,315,406	\$11,651,165	\$0

**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):**

## 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?** No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	1413
b. Number of participants who did not leave the project(s)	5159
c. Number of participants who exited after staying 6 months or longer	970
d. Number of participants who did not exit after staying 6 months or longer	4344
e. Number of participants who did not exit and were enrolled for less than 6 months	815
<b>TOTAL PH (%)</b>	81

### Instructions:

HUD will be assessing the percentage of all transitional 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?** No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	5148
b. Number of participants who moved to PH	3088
<b>TOTAL TH (%)</b>	60

## 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: 6,561**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	1,159	18	%
SSDI	264	4	%
Social Security	51	1	%
General Public Assistance	1,718	26	%
TANF	207	3	%
SCHIP	1	0	%
Veterans Benefits	64	1	%
Employment Income	1,533	23	%
Unemployment Benefits	24	0	%
Veterans Health Care	59	1	%
Medicaid	3,684	56	%
Food Stamps	2,705	41	%
Other (Please specify below)	572	9	%
Medicare, private savings, other			
No Financial Resources	745	11	%

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

**Does CoC have projects for which an APR No  
should have been submitted?**

## 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?** No

## 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.**

Twice a year, the CoC lead agency collects APRs from the homeless service providers and checks for accuracy. Agency APR scores for performance in mainstream programs become elements of the NYC CoC annual evaluation process, which includes a measure of the percentage of residents who exit the program with no financial resources. The benchmark is that, of residents who leave, less than 10% leave with no financial resources. If a program does not meet the benchmark, its evaluation score suffers. In addition, if a program receives an evaluation score rank in the bottom 10% of all programs or a score below 70, then a team comprised of a client, coalition, and government representative will conduct a mandated site visit. Each program receiving a site visit is required to submit a corrective action plan covering sections of the evaluation not achieving maximum points.

**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 CoC Evaluation Committee serves as the planning committee of the NYC CoC for this purpose. It meets several times each year to review the evaluation process, establish revised guidelines for the instrument, if needed, and to oversee implementation of the evaluation tool, which includes a section assessing agency performance in mainstream programs. To date, the Evaluation Committee has met on May 26, 2009, June 19, 2009, and July 9, 2009. In addition, the Steering Committee discussed a draft revised evaluation document on October 17, 2008, and voted on a final version in the November 2008 meeting. Evaluation training sessions were conducted on December 3, 2008 and December 4, 2008. Site visit training was held on March 27, 2009.

**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** Both

**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.** Quarterly

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** Yes

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

Most programs funded through the CoC use AWARDS as their HMIS system, which requires screening for mainstream programs and monthly income at both program entry and exit. The mainstream programs included in the screening are: a. Supplemental Security Income (SSI), b. Social Security Disability Income (SSDI), c. Social Security (SSA), d. General Public Assistance, e. Temporary Aid to Needy Families (TANF), f. State Children's Health Insurance Program (SCHIP), g. Veterans Benefits, h. Employment Income, i. Unemployment Benefits, j. Veterans Healthcare, k. Medicaid, l. Food Stamps, m. Other.

**Has the CoC participated in SOAR training?** Yes

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

The CoC participated in SOAR training on June 9, 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
<p><b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b>  <b>1a. Describe how service is generally provided:</b></p>	100%
<p>Agency Intake and Assessment documents include questions regarding income. The responsibilities of the case manager include assisting and advocating for the client as needed. If the client is employed and/or has income, the issue of money management and savings is addressed. If the client currently has no income, the case manager will explore with the client their eligibility for mainstream benefits and any other resources that exist. This process can include providing information and/or a referral to the client as to how and where to apply for entitlement assistance and ensuring that they have all required documents for a successful application, to at times assisting the client to complete the applications and escorting them to apply.</p>	
<p><b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b></p>	100%
<p><b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b>  <b>3.a Indicate for which mainstream programs the form applies:</b></p>	100%
<p>Currently in NYC completing an application for public assistance at any Human Resources Administration Job Center will serve as one application for four mainstream programs: cash assistance, Medicaid, transitional child care and Food Stamps.</p>	
<p><b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>  <b>4a. Describe the follow-up process:</b></p>	100%
<p>Case Managers are responsible for documenting and monitoring the progress of their clients' cases. Case managers meet with their clients bi-weekly to assist them in achieving their independent living plan goals which focus on issues such as income, treatment, employment, and housing. Following up to ensure that clients receive the entitlements and other mainstream benefits that they are eligible for serves to assist the client to move out of shelter and into independent living/permanent housing.</p>	



## 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]

<p>*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"?</p> <p>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.</p>	No
<p>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?</p>	
<p>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?</p> <p>(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.</p>	
<p>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?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>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?</p>	Yes

## Part A - Page 2

<p><b>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</b></p>	<p>Yes</p>
<p><b>*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?</b></p> <p>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 (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>.)</p>	<p>Yes</p>
<p><b>*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.</b></p> <p>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?</p>	<p>Yes</p>
<p>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.</p>	
<p><b>*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?</b></p>	<p>Yes</p>
<p><b>*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?</b></p>	<p>Yes</p>
<p><b>*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.)</b></p>	<p>Yes</p>
<p>In 2003 a mayoral advisory committee recommended that New York City adopt the International Code Council's Building Code (IBC) as a model code to replace the current code which had not undergone a major overhaul in nearly 40 years. Over 400 NYC experts from labor, industry, and affordable housing volunteered 300,000 pro bono hours to tailor the code to meet NYC's unique needs. During testimony in favor of enacting the new codes, the New York State Association for Affordable Housing stated that there was nothing more important to affordable housing developers than efficiency and consistency.</p>	
<p><b>*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?</b></p>	<p>No</p>

## Part A - Page 3

<p><b>*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?</b></p> <p>(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.)</p>	<p>Yes</p>
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<p>No</p>
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	<p>No</p>
<p><b>*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?</b></p>	<p>No</p>
<p><b>*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?</b></p>	<p>No</p>
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	<p>Yes</p>
<p><b>*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?</b></p>	<p>No</p>

## 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
YMP2-Veritas	2009-11-09 16:53:...	1 Year	Veritas Therapeut. ..	102,678	Renewal Project	SHP	PH	F
HUD Supportive Ho...	2009-11-09 15:01:...	1 Year	Harlem United Com...	364,817	Renewal Project	SHP	PH	F
East Harlem Stree...	2009-10-08 18:41:...	1 Year	Pathways to Housi...	154,015	Renewal Project	SHP	PH	F
Promesa S+C	2009-10-07 16:33:...	1 Year	New York State Of...	283,200	Renewal Project	S+C	SRA	U
Cedar Tremont House	2009-10-08 14:19:...	1 Year	Palladia, Inc.	492,830	Renewal Project	SHP	PH	F
West Harlem Trans...	2009-10-09 11:24:...	1 Year	CUCS	1,302,539	Renewal Project	SHP	TH	F
Striver House	2009-10-13 14:17:...	1 Year	Phase Piggy Back ...	305,947	Renewal Project	SHP	TH	F
The Christophe r	2009-10-09 11:02:...	1 Year	CUCS	103,950	Renewal Project	SHP	PH	F
Hunterfly Trace	2009-11-20 17:03:...	5 Years	City of New York ...	3,600,300	New Project	S+C	PRA	P2
Project Helping Hand	2009-10-27 17:21:...	1 Year	Phase Piggy Back ...	137,838	Renewal Project	SHP	SSO	F
Hillside House	2009-10-08 16:41:...	1 Year	Metropolita n Coun...	99,942	Renewal Project	SHP	TH	F
Transitiona l Livi...	2009-10-07 16:28:...	1 Year	Brooklyn Bureau o...	474,924	Renewal Project	SHP	TH	F
STARS	2009-10-07 17:10:...	1 Year	Covenant House Ne...	177,978	Renewal Project	SHP	TH	F

Discharge Plannin...	2009-10-09 11:09:...	1 Year	Urban Justice Center	109,686	Renewal Project	SHP	SSO	F
Community House	2009-10-15 15:57:...	1 Year	Lutheran Social S...	397,950	Renewal Project	SHP	SH	F
OMH/ICL* 95 S+C Re...	2009-10-08 11:22:...	1 Year	NYS Office of Men...	370,020	Renewal Project	S+C	SRA	U
Project Release II	2009-10-08 18:49:...	1 Year	Pathways to Housi...	538,701	Renewal Project	SHP	PH	F
iRise	2009-10-07 17:14:...	1 Year	Covenant House Ne...	166,948	Renewal Project	SHP	TH	F
First PPOH	2009-10-21 12:31:...	1 Year	CUCS	238,140	Renewal Project	SHP	SSO	F
James Bryant Homes	2009-10-13 11:47:...	1 Year	City of New York ...	327,300	Renewal Project	S+C	PRA	U
Project Renewal 1...	2009-10-07 10:40:...	1 Year	New York State Of...	311,520	Renewal Project	S+C	SRA	U
Outreach and Prev...	2009-10-09 11:20:...	1 Year	Urban Justice Center	142,711	Renewal Project	SHP	SSO	F
Veritas Therapeut. ..	2009-10-06 17:08:...	1 Year	New York State Of...	151,608	Renewal Project	S+C	SRA	U
Queens Village/J-...	2009-10-07 11:23:...	1 Year	New York State Of...	187,272	Renewal Project	S+C	SRA	U
Aegis Domestic Vi...	2009-10-08 14:09:...	1 Year	Palladia, Inc.	458,882	Renewal Project	SHP	TH	F
Georgia's Place SHP	2009-10-07 19:54:...	1 Year	Georgia's Place	232,181	Renewal Project	SHP	PH	F
Housing Options	2009-10-08 10:39:...	1 Year	Goddard Riverside..	280,889	Renewal Project	SHP	PH	F
The Gibb Mansion	2009-10-13 10:54:...	1 Year	City of New York ...	562,956	Renewal Project	S+C	PRA	U
53 Patchen Avenue...	2009-10-28 13:43:...	1 Year	Services for the ...	345,362	Renewal Project	SHP	TH	F
Kenmore Hall	2009-10-22 16:58:...	1 Year	Kenmore HDFC	390,576	Renewal Project	SHP	PH	F

Veritas Therapeut. ..	2009-10-06 18:01:...	1 Year	New York State Of...	126,048	Renewal Project	S+C	SRA	U
Flora Vista	2009-10-08 14:32:...	1 Year	Palladia, Inc.	265,599	Renewal Project	SHP	PH	F
VIP Supportive Ho...	2009-10-19 12:13:...	1 Year	VIP Supportive Ho...	324,920	Renewal Project	SHP	TH	F
OMH/SUS S+C Renewal	2009-10-08 09:45:...	1 Year	NYS Office of Men...	343,560	Renewal Project	S+C	SRA	U
Palladia, Scatter...	2009-10-06 17:15:...	1 Year	New York State Of...	710,568	Renewal Project	S+C	SRA	U
Women's Recovery ...	2009-10-18 14:15:...	1 Year	Mental Health Ass...	291,244	Renewal Project	SHP	TH	F
El Regreso 1995 S+C	2009-10-06 15:57:...	1 Year	New York State Of...	126,372	Renewal Project	S+C	SRA	U
Loring Place Voca...	2009-10-07 11:16:...	1 Year	Jericho Project	49,671	Renewal Project	SHP	PH	F
Rental Assistance ...	2009-10-21 14:10:...	1 Year	Banana Kelly Comm...	386,525	Renewal Project	SHP	PH	F
Safe Home	2009-10-19 09:09:...	3 Years	Safe Spac	225,610	Renewal Project	SHP	TH	F
Fortune Academy R...	2009-10-31 14:19:...	1 Year	The Fortune Socie...	448,157	Renewal Project	SHP	PH	F
Harlem YMCA Trans...	2009-10-28 14:26:...	1 Year	YMCA of Greater N...	570,504	Renewal Project	SHP	TH	F
Corner House	2009-10-08 11:31:...	1 Year	Goddard Riverside..	169,644	Renewal Project	SHP	PH	F
Grace House 2	2009-10-08 16:19:...	1 Year	Housing Plus	156,549	Renewal Project	SHP	PH	F
Casa Renacer	2009-10-13 11:11:...	1 Year	City of New York ...	602,232	Renewal Project	S+C	PRA	U
Supportive Employ...	2009-10-07 09:56:...	1 Year	HELP Social Servi...	1,008,349	Renewal Project	SHP	TH	F
Riverside Place	2009-11-09 12:09:...	1 Year	Praxis Housing In...	800,633	Renewal Project	SHP	PH	F

Schermerhorn House	2009-10-13 11:59:...	1 Year	City of New York ...	471,312	Renewal Project	S+C	PRA	U
Greenhope Service...	2009-10-06 17:42:...	1 Year	New York State Of...	201,432	Renewal Project	S+C	SRA	U
Safe Haven	2009-11-09 12:02:...	1 Year	Project Renewal, ...	670,770	Renewal Project	SHP	SH	F
Tinton Residence	2009-10-13 12:40:...	1 Year	City of New York ...	562,956	Renewal Project	S+C	PRA	U
Dewitt Avenue Hou...	2009-10-13 09:15:...	1 Year	City of New York ...	576,048	Renewal Project	S+C	PRA	U
Park West House II	2009-10-09 12:05:...	1 Year	The Bridge, Inc.	115,431	Renewal Project	SHP	PH	F
Safe Haven - 424	2009-10-09 16:50:...	1 Year	Fountain House, Inc.	639,295	Renewal Project	SHP	SH	F
OMH/ICL* 94 S+C Re...	2009-10-08 11:26:...	1 Year	NYS Office of Men...	477,372	Renewal Project	S+C	SRA	U
FACES NY Congrega..	2009-10-28 13:49:...	1 Year	FACES NY Congrega..	133,913	Renewal Project	SHP	SH	F
Men's Recovery Works	2009-10-09 11:30:...	1 Year	Mental Health Ass...	584,272	Renewal Project	SHP	TH	F
El Regreso 1993 S+C	2009-10-06 15:46:...	1 Year	New York State Of...	184,080	Renewal Project	S+C	SRA	U
Project Renewal 1...	2009-10-07 10:51:...	1 Year	New York State Of...	141,600	Renewal Project	S+C	SRA	U
Palace Women's In...	2009-10-09 11:18:...	1 Year	Bowery Residents' ..	355,001	Renewal Project	SHP	TH	F
Damon House 2009	2009-10-30 18:15:...	1 Year	Damon House New Y...	262,479	Renewal Project	SHP	TH	F
Emergency Transit...	2009-11-10 16:28:...	1 Year	Goddard Riverside..	144,712	Renewal Project	SHP	TH	F
Illene Smith Resi...	2009-10-13 12:59:...	1 Year	City of New York ...	445,128	Renewal Project	S+C	PRA	U
Phase Piggy Back ...	2009-10-08 11:43:...	1 Year	New York State Of...	80,688	Renewal Project	S+C	SRA	U

St. Nicholas House	2009-10-13 08:55:...	1 Year	City of New York ...	733,152	Renewal Project	S+C	PRA	U
New Vistas Scatte...	2009-11-09 12:43:...	1 Year	Neighborhood Coal...	243,070	Renewal Project	SHP	TH	F
Palace Hotel SRO	2009-10-09 10:52:...	1 Year	Bowery Residents' ..	318,891	Renewal Project	SHP	PH	F
Phase Piggy Back ...	2009-10-08 12:05:...	1 Year	New York State Of...	78,552	Renewal Project	S+C	SRA	U
La Casita	2009-11-19 15:48:...	1 Year	United Bronx Pare...	419,528	Renewal Project	SHP	TH	F
Dreitzer Women an...	2009-10-08 14:25:...	1 Year	Palladia, Inc.	556,583	Renewal Project	SHP	TH	F
West Harlem Outreach	2009-10-08 11:42:...	1 Year	Goddard Riverside..	153,696	Renewal Project	SHP	SSO	F
Bridgeback2009	2009-11-13 17:32:...	1 Year	Bridge Back Recov...	313,584	Renewal Project	SHP	TH	F
Andrews House	2009-10-08 16:18:...	1 Year	Common Ground Com...	141,382	Renewal Project	SHP	TH	F
Chelsea Court	2009-10-08 14:22:...	1 Year	Palladia, Inc.	158,957	Renewal Project	SHP	PH	F
Upwards	2009-10-07 17:00:...	1 Year	Covenant House Ne...	419,148	Renewal Project	SHP	TH	F
The Ehrlich Resid...	2009-10-16 17:19:...	1 Year	University Consul...	244,998	Renewal Project	SHP	PH	F
Stratford House	2009-10-08 14:43:...	1 Year	Palladia, Inc.	704,884	Renewal Project	SHP	PH	F
Women In Need, Tr...	2009-10-06 15:16:...	1 Year	New York State Of...	113,916	Renewal Project	S+C	SRA	U
Women and Childre...	2009-10-28 12:40:...	1 Year	FACES NY Women an...	184,553	Renewal Project	SHP	PH	F
Emerson Family Su...	2009-10-08 18:32:...	1 Year	INSTITUT E FOR COM...	672,657	Renewal Project	SHP	PH	F
Vets	2009-11-04 16:32:...	1 Year	Project Renewal, ...	135,568	Renewal Project	SHP	PH	F

Flatbush Avenue R...	2009-10-08 18:34:...	1 Year	INSTITUT E FOR COM...	126,394	Renewal Project	SHP	PH	F
Muhlenberg Residence	2009-10-15 15:50:...	1 Year	Lutheran Social S...	210,000	Renewal Project	SHP	PH	F
Stepping Stone Re...	2009-10-08 18:46:...	1 Year	INSTITUT E FOR COM...	230,945	Renewal Project	SHP	PH	F
Sunflower House	2009-10-08 16:16:...	1 Year	Housing Plus	231,676	Renewal Project	SHP	PH	F
E. 9th Street Res...	2009-10-09 11:39:...	1 Year	Housing Works, Inc.	333,635	Renewal Project	SHP	PH	F
Safe Haven 2	2009-10-20 12:41:...	1 Year	Comunilife , Inc.	635,623	Renewal Project	SHP	SH	F
Halsey House	2009-10-08 18:36:...	1 Year	INSTITUT E FOR COM...	141,627	Renewal Project	SHP	TH	F
Esperanza	2009-10-08 14:29:...	1 Year	Palladia, Inc.	830,975	Renewal Project	SHP	TH	F
Willow TLC (VOA)	2009-10-09 11:59:...	1 Year	Federation Employ...	676,767	Renewal Project	SHP	TH	F
Rental Assistance ...	2009-10-05 15:18:...	1 Year	Coalition for the...	375,786	Renewal Project	SHP	TH	F
JHB Housing	2009-10-13 07:40:...	1 Year	City of New York ...	418,944	Renewal Project	S+C	PRA	U
Porter Avenue	2009-11-10 12:24:...	1 Year	The Doe Fund, Inc.	356,173	Renewal Project	SHP	TH	F
Friends House Group	2009-10-13 13:59:...	1 Year	City of New York ...	654,600	Renewal Project	S+C	PRA	U
CROTON A_PARK_ WEST...	2009-10-07 17:13:...	1 Year	COMMUNI TY_ACTIO N ...	436,241	Renewal Project	SHP	TH	F
Jasmin Court	2009-10-13 09:28:...	1 Year	City of New York ...	1,309,200	Renewal Project	S+C	TRA	U
Farm	2009-10-28 18:55:...	1 Year	Project Renewal, ...	409,798	Renewal Project	SHP	TH	F
In Homes Now	2009-10-28 19:09:...	1 Year	Project Renewal, ...	532,669	Renewal Project	SHP	PH	F

Hill House	2009-10-08 14:35:...	1 Year	Palladia, Inc.	265,060	Renewal Project	SHP	PH	F
Holland Hotel	2009-10-13 13:20:...	1 Year	City of New York ...	1,649,592	Renewal Project	S+C	PRA	U
86TH ST RESIDEN CE...	2009-10-27 17:46:...	1 Year	POSTGRA DUATE CENT...	472,677	Renewal Project	SHP	PH	F
Dorothy Day	2009-10-09 10:55:...	1 Year	CUCS	226,800	Renewal Project	SHP	PH	F
Fortune Society, ...	2009-10-06 16:09:...	1 Year	New York State Of...	715,452	Renewal Project	S+C	SRA	U
OMH/Path ways *93 ...	2009-10-08 10:21:...	1 Year	NYS Office of Men...	167,784	Renewal Project	S+C	SRA	U
White Plains Road...	2009-10-09 11:57:...	1 Year	Federation Employ...	595,000	Renewal Project	SHP	PH	F
Pathways to Housing	2009-10-07 09:53:...	1 Year	Urban Pathways	149,030	Renewal Project	SHP	TH	F
Briarwood Support...	2009-10-28 13:53:...	1 Year	Services for the ...	536,347	Renewal Project	SHP	PH	F
HELP (2) formerly...	2009-10-07 14:41:...	1 Year	HELP Social Servi...	791,172	Renewal Project	SHP	TH	F
North Core Studio	2009-10-13 07:48:...	1 Year	City of New York ...	445,128	Renewal Project	S+C	PRA	U
Woodycre st	2009-10-13 09:34:...	1 Year	City of New York ...	592,140	Renewal Project	S+C	PRA	U
Geel Grand Avenue	2009-11-18 11:28:...	5 Years	City of New York ...	2,356,560	New Project	S+C	PRA	P1
Los Vecinos Commu...	2009-10-08 17:59:...	1 Year	Bowery Residents'. ..	511,358	Renewal Project	SHP	TH	F
Ana Gonzalez Apts	2009-10-13 11:35:...	1 Year	City of New York ...	785,520	Renewal Project	S+C	PRA	U
Scattered Sites	2009-10-08 14:47:...	1 Year	Palladia, Inc.	282,790	Renewal Project	SHP	PH	F
Casa Banome- 2009	2009-10-28 08:46:...	1 Year	Vocational Instru...	278,854	Renewal Project	SHP	TH	F

The Jamie Rose Pe...	2009-10-08 13:14:...	1 Year	Associatio n to Be...	115,706	Renewal Project	SHP	PH	F
East Side Homeles...	2009-10-29 14:46:...	1 Year	Lenox Hill Neighb...	285,998	Renewal Project	SHP	TH	F
Crotona SRO-2009	2009-10-01 11:17:...	1 Year	Vocational Instru...	227,666	Renewal Project	SHP	PH	F
Harmony Court	2009-10-13 08:10:...	1 Year	City of New York ...	562,956	Renewal Project	S+C	PRA	U
KEEPing Home	2009-10-08 18:38:...	1 Year	Pathways to Housi...	584,268	Renewal Project	SHP	PH	F
Young Mothers-Ver...	2009-10-07 11:09:...	1 Year	Veritas Therapeut. ..	273,347	Renewal Project	SHP	TH	F
Park Slope Shelter	2009-10-27 14:17:...	1 Year	CAMBA, Inc.	166,666	Renewal Project	SHP	TH	F
Cheddach efs	2009-10-07 17:06:...	1 Year	Covenant House Ne...	376,444	Renewal Project	SHP	TH	F
Aubudon Hall	2009-10-13 10:05:...	1 Year	City of New York ...	916,440	Renewal Project	S+C	PRA	U
Hill House	2009-10-13 13:08:...	1 Year	City of New York ...	562,956	Renewal Project	S+C	PRA	U
MIX	2009-10-21 17:30:...	1 Year	Heritage Health a...	330,486	Renewal Project	SHP	TH	F
Fulton House	2009-10-08 17:55:...	1 Year	Bowery Residents'. ..	497,954	Renewal Project	SHP	TH	F
Abraham Apartment. ..	2009-10-01 09:14:...	1 Year	Vocational Instru...	90,016	Renewal Project	SHP	PH	F
Warren Street SRO	2009-10-08 09:50:...	1 Year	Communit y Access,...	404,974	Renewal Project	SHP	PH	F
Expansion MIX	2009-10-21 17:18:...	1 Year	Heritage Health a...	110,528	Renewal Project	SHP	TH	F
Veritas Therapuet. ..	2009-10-06 16:40:...	1 Year	New York State Of...	257,544	Renewal Project	S+C	SRA	U
Clover Hall	2009-10-13 10:19:...	1 Year	City of New York ...	942,624	Renewal Project	S+C	PRA	U

State Street Resi...	2009-10-08 18:43:...	1 Year	INSTITUT E FOR COM...	109,319	Renewal Project	SHP	TH	F
Vincent Cyrus Pla...	2009-10-13 07:32:...	1 Year	City of New York ...	523,680	Renewal Project	S+C	PRA	U
O'Callaghan House...	2009-10-09 11:52:...	1 Year	Project Hospitali...	371,843	Renewal Project	SHP	TH	F
Staten Island Sca...	2009-10-22 12:27:...	1 Year	Housing Works, Inc.	286,535	Renewal Project	SHP	PH	F
OMH/Pathways*95 S...	2009-10-08 10:29:...	1 Year	NYS Office of Men...	555,720	Renewal Project	S+C	SRA	U
St Johns House	2009-10-13 14:30:...	1 Year	City of New York ...	298,620	Renewal Project	S+C	PRA	U
Amber Hall	2009-10-13 10:00:...	1 Year	City of New York ...	1,112,820	Renewal Project	S+C	PRA	U
Ivan Shapiro House	2009-10-07 10:06:...	1 Year	Urban Pathways	357,451	Renewal Project	SHP	PH	F
129th Street Resi...	2009-10-27 18:16:...	1 Year	West Side Federat...	362,197	Renewal Project	SHP	PH	F
LESC House	2009-10-09 10:04:...	1 Year	Lower Eastside Se...	492,100	Renewal Project	SHP	PH	F
United Bronx Pare...	2009-10-06 16:21:...	1 Year	New York State Of...	182,928	Renewal Project	S+C	SRA	U
Forensic Supporti...	2009-10-20 11:34:...	1 Year	Services for the ...	74,812	Renewal Project	SHP	PH	F
Bowery Residents' ..	2009-10-06 15:24:...	1 Year	New York State Of...	343,512	Renewal Project	S+C	SRA	U
Schafer Hall SHP	2009-10-09 12:14:...	1 Year	Lantern Communit y...	630,000	Renewal Project	SHP	PH	F
New Life Homes	2009-11-19 15:28:...	1 Year	Services for the ...	141,516	Renewal Project	SHP	PH	F
2640 Pitkins Aven...	2009-10-09 10:50:...	1 Year	Housing Works, Inc.	469,535	Renewal Project	SHP	PH	F
Bryce House	2009-10-08 18:06:...	1 Year	Jewish Board of F...	283,500	Renewal Project	SHP	TH	F

Odyssey House 200...	2009-10-06 16:28:...	1 Year	New York State Of...	189,936	Renewal Project	S+C	SRA	U
Palace Men's Empl...	2009-10-08 18:01:...	1 Year	Bowery Residents' ..	368,496	Renewal Project	SHP	TH	F
Franklin Avenue H...	2009-10-16 16:26:...	1 Year	Basics, Inc	353,208	Renewal Project	SHP	TH	F
Lawton Street Res...	2009-10-08 18:39:...	1 Year	INSTITUT E FOR COM...	240,060	Renewal Project	SHP	PH	F
Emerson Family De...	2009-10-08 18:30:...	1 Year	INSTITUT E FOR COM...	377,444	Renewal Project	SHP	PH	F
West 74th Street ...	2009-10-09 11:16:...	1 Year	West Side Federat...	155,715	Renewal Project	SHP	PH	F
Chelsea Foyer	2009-10-28 16:22:...	1 Year	Good Shepherd Ser...	414,000	Renewal Project	SHP	TH	F
SHINE Moms and Ch...	2009-10-08 16:56:...	1 Year	Women In Need, Inc.	446,787	Renewal Project	SHP	PH	F
Georgia's Place	2009-10-13 12:16:...	1 Year	City of New York ...	379,668	Renewal Project	S+C	PRA	U
Argus IV/New Leaf...	2009-10-09 14:44:...	1 Year	Argus Communit y, ...	370,278	Renewal Project	SHP	TH	F
SHINE Families	2009-10-08 16:51:...	1 Year	Women In Need, Inc.	326,070	Renewal Project	SHP	PH	F
Columba Kavanagh ...	2009-10-08 18:07:...	1 Year	COLUMBA KAVANAG H ...	388,163	Renewal Project	SHP	PH	F
Beach 85th SRO	2009-10-20 10:18:...	1 Year	Services for the ...	588,490	Renewal Project	SHP	PH	F
Cathedral Condos	2009-10-08 18:26:...	1 Year	INSTITUT E FOR COM...	26,496	Renewal Project	SHP	PH	F
Peter Jay Sharp R...	2009-10-13 09:51:...	1 Year	City of New York ...	445,128	Renewal Project	S+C	PRA	U
Maple House CR/SRO	2009-10-08 17:23:...	1 Year	Jewish Board of F...	415,395	Renewal Project	SHP	PH	F
Anchor House, Inc.	2009-10-08 18:06:...	1 Year	ANCHOR HOUSE, INC	240,648	Renewal Project	SHP	TH	F

Harm Reduction	2009-10-08 09:49:...	1 Year	Citizens Advice B...	105,000	Renewal Project	SHP	SSO	F
55 Patchen Avenue...	2009-10-28 13:46:...	1 Year	Services for the ...	404,203	Renewal Project	SHP	TH	F
SHINE Stars	2009-10-08 17:01:...	1 Year	Women In Need, Inc.	363,711	Renewal Project	SHP	PH	F
WISH Families	2009-10-08 17:13:...	1 Year	Women In Need, Inc.	325,270	Renewal Project	SHP	PH	F
Schafer Hall - Fa...	2009-10-15 16:17:...	1 Year	Bailey House Inc.	629,300	Renewal Project	SHP	PH	F
Cecil Ivory House	2009-10-08 17:46:...	1 Year	Bowery Residents' ..	360,106	Renewal Project	SHP	TH	F
Bronx H.O.P.E.	2009-10-08 10:33:...	1 Year	Citizens Advice B...	77,030	Renewal Project	SHP	SSO	F
551 Warren Street	2009-10-13 07:55:...	1 Year	City of New York ...	445,128	Renewal Project	S+C	PRA	U
Assessem ent, Diag...	2009-10-07 10:21:...	1 Year	Urban Pathways	174,673	Renewal Project	SHP	SSO	F
Harbor House Expa...	2009-10-08 12:47:...	1 Year	Argus Communit y, ...	371,322	Renewal Project	SHP	TH	F
Integrated Perman...	2009-10-08 18:38:...	1 Year	INSTITUT E FOR COM...	181,207	Renewal Project	SHP	PH	F
Archie's Place	2009-10-13 12:53:...	1 Year	City of New York ...	654,600	Renewal Project	S+C	PRA	U
WISH Moms and Chi...	2009-10-08 17:20:...	1 Year	Women In Need, Inc.	405,062	Renewal Project	SHP	PH	F
Ilene R. Smith SR...	2009-10-08 18:02:...	1 Year	H.O.M.E.E . CLINIC...	131,936	Renewal Project	SHP	PH	F
HMIS_06_2009	2009-11-19 18:22:...	1 Year	Public Health Sol...	545,459	Renewal Project	SHP	HMIS	F
NY, NY - Ready, W...	2009-10-06 11:14:...	1 Year	The Doe Fund, Inc.	1,951,512	Renewal Project	SHP	TH	F
Weston TLC	2009-10-15 09:45:...	1 Year	Weston United Com...	224,900	Renewal Project	SHP	TH	F

Housing for Homel...	2009-10-08 16:10:...	1 Year	Common Ground Com...	416,468	Renewal Project	SHP	PH	F
74th Street Home ...	2009-10-09 11:19:...	1 Year	West Side Federat...	110,205	Renewal Project	SHP	PH	F
290 E. 3rd St Res...	2009-10-13 12:37:...	1 Year	City of New York ...	562,956	Renewal Project	S+C	PRA	U
The Living Room	2009-10-09 11:18:...	1 Year	Citizens Advice B...	1,200,000	Renewal Project	SHP	SSO	F
Families in SHINE	2009-10-08 17:07:...	1 Year	Women In Need, Inc.	265,059	Renewal Project	SHP	PH	F
Bowery	2009-10-28 18:48:...	1 Year	Project Renewal, ...	328,300	Renewal Project	SHP	PH	F
WISH Stars	2009-10-08 17:26:...	1 Year	Women In Need, Inc.	327,681	Renewal Project	SHP	PH	F
1885 Third Avenue...	2009-10-09 11:57:...	1 Year	The Bridge, Inc.	304,581	Renewal Project	SHP	PH	F
Brooklyn - Ready,...	2009-10-07 11:18:...	1 Year	The Doe Fund, Inc.	1,062,269	Renewal Project	SHP	TH	F
Helping Hands House	2009-10-20 17:44:...	1 Year	Helping Hands Unl...	160,886	Renewal Project	SHP	TH	F
Methadone	2009-10-29 10:25:...	1 Year	Project Renewal, ...	428,982	Renewal Project	SHP	TH	F
Pibly Rosebud House	2009-10-06 14:32:...	1 Year	Pibly Residential ...	463,234	Renewal Project	SHP	TH	F
Lewis Avenue Resi...	2009-10-08 18:41:...	1 Year	INSTITUT E FOR COM...	126,395	Renewal Project	SHP	PH	F
Safe Havens	2009-10-08 11:38:...	1 Year	Goddard Riverside..	96,657	Renewal Project	SHP	SH	F
124th Street CR/SRO	2009-10-09 11:49:...	1 Year	Federation Employ...	558,906	Renewal Project	SHP	PH	F
Ali Forney Center 11	2009-10-09 14:39:...	1 Year	The Ali Forney Ce...	438,598	Renewal Project	SHP	TH	F
Majestic Supporti...	2009-10-28 14:18:...	1 Year	Services for the ...	210,728	Renewal Project	SHP	PH	F

North Core Studios	2009-11-09 14:55:...	1 Year	East New York Urb...	96,756	Renewal Project	SHP	SSO	F
Samaritan Homeles...	2009-10-08 17:38:...	1 Year	Samaritan Village...	183,750	Renewal Project	SHP	SSO	F
Vincent Cyrus Pla...	2009-10-13 07:26:...	1 Year	City of New York ...	301,116	Renewal Project	S+C	PRA	U
Crotona SRO	2009-10-13 11:01:...	1 Year	City of New York ...	418,944	Renewal Project	S+C	PRA	U
Kingsbridg e CR/SRO	2009-10-09 11:54:...	1 Year	Federation Employ...	238,319	Renewal Project	SHP	PH	F
Brooklyn Bureau V...	2009-10-07 17:17:...	1 Year	Brooklyn Bureau o...	249,674	Renewal Project	SHP	TH	F
Bowery Residents' ..	2009-10-06 15:03:...	1 Year	New York State Of...	202,488	Renewal Project	S+C	SRA	U
El Regreso Founda...	2009-10-21 12:17:...	1 Year	El Regreso Founda...	253,855	Renewal Project	SHP	TH	F
CREATE, Inc. West...	2009-10-06 15:35:...	1 Year	New York State Of...	121,260	Renewal Project	S+C	SRA	U
OMH/The Bridge S+...	2009-10-07 08:22:...	1 Year	NYS Office of Men...	117,828	Renewal Project	S+C	SRA	U
Odyssey House 199...	2009-10-06 16:22:...	1 Year	New York State Of...	209,316	Renewal Project	S+C	SRA	U
Bridge Encampm ent...	2009-10-09 12:07:...	1 Year	The Bridge, Inc.	101,909	Renewal Project	SHP	TH	F
Rico's Place	2009-10-13 12:08:...	1 Year	City of New York ...	246,912	Renewal Project	S+C	PRA	U
Ali Forney Center...	2009-10-09 14:23:...	1 Year	The Ali Forney Ce...	527,857	Renewal Project	SHP	TH	F
Project Release I	2009-10-28 09:39:...	1 Year	Pathways to Housi...	426,777	Renewal Project	SHP	PH	F
Eastern Parkway R...	2009-10-08 18:28:...	1 Year	INSTITUT E FOR COM...	315,787	Renewal Project	SHP	TH	F
Palladia, Scatter...	2009-10-06 16:59:...	1 Year	New York State Of...	226,560	Renewal Project	S+C	SRA	U

Simmons	2009-10-09 11:41:...	1 Year	Heritage Health a...	249,494	Renewal Project	SHP	TH	F
Odyssey House Haven	2009-10-13 08:25:...	1 Year	City of New York ...	840,816	Renewal Project	S+C	PRA	U
Pleasant Avenue H...	2009-10-09 12:03:...	1 Year	The Bridge, Inc.	224,339	Renewal Project	SHP	PH	F
New Start Transit...	2009-10-28 11:05:...	1 Year	FACES NY	152,092	Renewal Project	SHP	TH	F
Stratford House	2009-10-13 13:13:...	1 Year	City of New York ...	757,992	Renewal Project	S+C	PRA	U
Harbor House	2009-10-08 12:15:...	1 Year	Argus Community, ...	430,101	Renewal Project	SHP	TH	F
The Ehrlich Resid...	2009-10-13 10:43:...	1 Year	City of New York ...	523,680	Renewal Project	S+C	PRA	U
Palace Women's Em...	2009-10-08 18:08:...	1 Year	Bowery Residents' ..	364,883	Renewal Project	SHP	TH	F
Uptown	2009-10-07 16:46:...	1 Year	Covenant House Ne...	504,647	Renewal Project	SHP	TH	F
Hour Apartments	2009-10-13 12:32:...	1 Year	City of New York ...	61,428	Renewal Project	S+C	PRA	U
631 East 6th Stre...	2009-10-09 11:59:...	1 Year	The Bridge, Inc.	112,163	Renewal Project	SHP	PH	F
Schafer Hall Housing	2009-10-13 10:32:...	1 Year	City of New York ...	471,312	Renewal Project	S+C	PRA	U
Palladia, S+C I D...	2009-10-06 14:46:...	1 Year	New York State Of...	423,372	Renewal Project	S+C	SRA	U
Sara K. Abrams Re...	2009-11-20 17:10:...	1 Year	Community Access,...	240,318	Renewal Project	SHP	PH	F
Pathways	2009-10-21 17:36:...	1 Year	Heritage Health a...	159,935	Renewal Project	SHP	TH	F
Immaculata Hall	2009-10-13 09:44:...	1 Year	City of New York ...	981,900	Renewal Project	S+C	PRA	U
Sprites	2009-10-07 16:37:...	1 Year	Covenant House Ne...	594,542	Renewal Project	SHP	TH	F

Safe Haven 1	2009-10-20 12:57:...	1 Year	Comunilife, Inc.	663,215	Renewal Project	SHP	SH	F
Homeless Veterans...	2009-10-08 17:36:...	1 Year	Samaritan Village...	342,709	Renewal Project	SHP	TH	F
NYC HMIS Project	2009-11-19 18:15:...	1 Year	NY-600 CoC Regist...	728,535	Renewal Project	SHP	HMIS	F
FROSTD2009	2009-11-13 18:31:...	1 Year	Foundatio n for Re...	871,533	Renewal Project	SHP	TH	F
Urban Resources I...	2009-10-20 14:18:...	1 Year	Urban Resource In...	250,294	Renewal Project	SHP	TH	F
Second PPOH	2009-10-21 12:42:...	1 Year	CUCS	199,999	Renewal Project	SHP	SSO	F
Palladia, Flora V...	2009-10-06 16:41:...	1 Year	New York State Of...	222,408	Renewal Project	S+C	SRA	U
Iyana House	2009-10-09 12:01:...	1 Year	The Bridge, Inc.	366,262	Renewal Project	SHP	PH	F
Burnside Communit..	2009-10-09 11:51:...	1 Year	Federation Employ...	582,961	Renewal Project	SHP	TH	F
Bridges to Perman...	2009-10-07 12:01:...	1 Year	HELP Social Servi...	690,314	Renewal Project	SHP	PH	F
Scatter Site 1995...	2009-10-07 10:17:...	1 Year	New York State Of...	135,420	Renewal Project	S+C	SRA	U
OMH/Pibly S+C Ren...	2009-10-08 10:00:...	1 Year	NYS Office of Men...	282,132	Renewal Project	S+C	SRA	U
CCM Rico's Place	2009-10-19 19:49:...	1 Year	Communit y, Counse...	238,951	Renewal Project	SHP	PH	F
Ambassadors	2009-10-07 16:41:...	1 Year	Covenant House Ne...	129,654	Renewal Project	SHP	TH	F
The Prince George	2009-10-21 14:45:...	1 Year	CUCS	298,736	Renewal Project	SHP	PH	F
JHB Housing, Inc	2009-10-08 13:20:...	1 Year	Communit y Action ...	129,207	Renewal Project	SHP	PH	F
Stanton House	2009-10-28 18:37:...	1 Year	Communit y Access,...	224,210	Renewal Project	SHP	TH	F

Queens Streets to...	2009-10- 08 18:52:...	1 Year	Pathways to Housi...	274,156	Renewal Project	SHP	PH	F
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## Budget Summary

<b>FPRN</b>	\$64,849,343
<b>Permanent Housing Bonus</b>	\$5,956,860
<b>SPC Renewal</b>	\$30,389,352
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	conplanletter_ny600	11/20/2009

## Attachment Details

**Document Description:** conplanletter\_ny600