

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: OK-507 - Southeastern Oklahoma Regional CoC

1A-2 Collaborative Applicant Name: KI BOIS Community Action Foundation, Inc.

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

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

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Volunteer, Community Advocate
 Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Point in Time/HIC	Facilitate Point in Time/HIC activities including development and distribution of forms, training and compilation of results.	Quarterly	KI BOIS Community Action, INCA Community Services, ADA Homeless Services, KI BOIS SSVF Program
1C-1.2	Performance and Outcomes Committee	Conduct gaps analysis, develop written performance standards, work with Ok Dept of Commerce regarding written standards and performance measures for and evaluation criteria of ESG,	Quarterly	KI BOIS Community Action, INCA Community Services, Ada Homeless Services, Okmulgee County Homeless Shelter, ODOC
1C-1.3	Consolidated Application	Work with Collaborative Applicant to develop a collaborative process, review findings of Performance and Outcomes Com, develop grievance policy	Quarterly	KI BOIS Community Action, United Way of Ponca City, Little Dixie Community Action, Deep Fork Community Action, INCA Community Action
1C-1.4	HMIS/Data	Develop privacy, security and data quality plan, monitor data entry, HMIS governance charter, production of AHAR and APR	Quarterly	KI BOIS Community Action, United Way of Ponca City, Okmulgee County Homeless Shelter ESG, Ada Homeless Services ESG, INCA Community Services ESG, KI BOIS ESG, KI BOIS SSVF
1C-1.5	SEO CoC Board	Primary Decision Making Group: sets policies and priorities, reviews programmatic and collected data, facilitates development of strategies to address identified needs.	Quarterly	KI BOIS Community Action, Big Five Community Services, Deep Fork Community Action, INCA Community Action, Little Dixie Community Action, Muskogee County Community Action, Ada Homeless Services

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

The CoC invites all persons in the geographic area to their meetings in hopes of gaining input from a diverse cross section of the CoC. Due to the geographic size of the CoC, efforts are made to glean information from sources that would not readily attend a full CoC meeting or even a local meeting by sharing information and/or requests with local coalitions, councils and other non-traditional groups. Calls for committee participation are shared with these groups as well as being e-mailed, slotted as items on other meeting agendas and face to face invitations.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The Board functions as the rating and review committee. All applications are emailed to committee members for review. The committee reviews organizational capacity and experience, CoC member status, match and leverage commitments. For existing programs they also review the APR and any HUD monitoring findings. The committee will determine if the application meets the requirements of the NOFA and the CoC priorities. The committee may also send the application back for refinement if necessary.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The CoC Board and Performance and Outcomes Committee use HMIS data and APR's from the most recent program year to review projects. The Collaborative Applicant reviews programmatic data on a quarterly basis. Data elements reviewed include the number moving into permanent housing, the length of stay, the increase in income and employment status at exit and the total number of participants being served. The committee takes into consideration barriers for participants and barriers for programs. Many of the current project's participants are DV survivors and choose to stay in the shelter until they feel a measure of safety before moving out into the community. Shelter case managers help them apply for benefits and many of them start receiving them in the shelter. This can make it difficult for the program to increase non-employment and mainstream benefits from entry to exit.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

The CoC has available funds in its pro-rata share for new projects and has actively recruited proposals. Funding availability is discussed at regular CoC meetings as well as other coalition, council and task force meetings. This year two agencies expressed interest in applying. Once it was made known no new proposals were being accepted without reallocation new projects were not an option at this time. There is currently one funded program in the CoC. It serves women and children and has a full caseload. Reallocating funds from this program would have displaced women and children. This was not considered a viable option.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/20/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

N/A

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

N/A

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The Southeastern Oklahoma CoC shares it ShareLink HMIS data base with three other CoC's in eastern Oklahoma. Annually the HMIS Leads for the CoC's meet to discuss any updates or changes which need to be made to comply with the requirements of the CoC program interim rule, 2010 HMIS Data Standards and other requirement established by state and federal funding sources. This annual review includes the ShareLink HMIS Standard Operating Policies & Procedures, Privacy Plan, Security Plan and Data Quality Plan. As changes are made the ShareLink HMIS Coordinator shares the changes with the HMIS committee, CoC lead agency, licensed users, and CoC members to include the governing board. The HMIS Committee and Lead Agency ensures the HMIS is administrated in compliance by actively being involved with ShareLink HMIS changes and familiarizing themselves with the HMIS Data Standards. Both the Lead Agency and HMIS Committee interact with the ShareLink HMIS Coordinator to assist in any changes and help capture better client data collection for the CoC.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The ShareLink HMIS Leads worked together creating cohesive plans for all four CoC's. The Privacy Plan, Security Plan, and Data Quality Plan were all created in January 2014 using information in the ShareLink HMIS Policy and Procedure manual, Agency Agreements and User Agreements. These plans will be reviewed annually by ShareLink HMIS Leads and HMIS Committee members.

**2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead?
Applicant will enter the HMIS software name (e.g., ABC Software).** ServicePoint

**2A-5 What is the name of the HMIS vendor?
Applicant will enter the name of the vendor (e.g., ESG Systems).** Bowman Systems

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) OK-507 - Southeastern Oklahoma Regional CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$811
ESG	\$3,244
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$4,055

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$2,433
Other Federal	\$811
Other Federal - Total Amount	\$3,244

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$811
Private - Total Amount	\$811

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$8,110
---	----------------

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

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

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	0-50%
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	0-50%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

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

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

The CoC Collaborative Applicant (CA), HMIS lead agency and the Okla Dept of Commerce (ODOC) will continue to work jointly to encourage participation in HMIS through information sharing and scheduled trainings throughout the next year. The CoC CA will consider applying for an HMIS grant during the next funding cycle. Even with the financial assistance, HMIS is a burden for small shelters with minimal staff trying to cover 24/7 facilities. The CoC CA has had discussions with other rural CoC's to glean information and strategies for convincing non-HUD funded shelters to participate. The board formed a separate HMIS committee in late 2013 to develop specific strategies to improve participation. This committee is just starting its first term. The CoC in conjunction with ODOC will continue to require all shelters receiving ESG funds to participate in HMIS and encourage them to include HMIS costs in their budgets as this is an eligible expense.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

The HMIS Lead Agency has held trainings and presented at each CoC meeting. The Oklahoma Department of Commerce continues to strongly encourage all shelters to participate in HMIS. The CoC Collaborative Applicant intended to apply for an HMIS grant but was unable to do so this year as the CoC was not able to reallocate any funds. HMIS is a burden for small shelters with limited or only volunteer staff. It is difficult to convince a rural shelter of the need to enter and share bed information when they are the only shelter in a 50-100 mile radius or more. Agencies that need to know if they have a bed generally would not have access to HMIS anyway so they just pick up the phone and call.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	42
Transitional Housing	0
Safe Haven	0
Permanent Supportive Housing	11
Rapid Re-housing	2

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	0%
Head of household	1%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

All agencies receiving HUD CoC funds enter all HUD universal and program data elements into HMIS and generate their APR report statistics using the HMIS system's reports. The Emergency Solutions Grant (ESG) data is generated by HMIS reports from the HUD universal and program data elements entered on all clients served by the ESG programs and entered into the HMIS by the ESG grant recipients. Point-in-Time counts generated by client surveys are compared to HMIS records to validate the accuracy of the counts and demographic data. The Annual Homelessness Assessment Report is generated by HMIS using permanent housing data entered by participating agencies.

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

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

Monitoring Data Quality is a shared responsibility between the participating agency, HMIS Staff, HMIS Committee and the HMIS Coordinator. Each of the elements of data quality will be monitored. HMIS staff will provide data quality reports monthly to each agency using HMIS system monitoring reports. HMIS Staff will provide recommendations for improvement of data quality to programs based on the information found during monitoring. The programs will consider the information provided and take appropriate steps to improve data quality. HMIS Staff will also notify an agency of any issues that arise between official monitoring reports. The CoC will review programs' data quality at least semi-annually or as necessary to respond to significant issues or changes. Depending on the level of the data quality errors the following steps may be taken: (1) HMIS Coordinator will email/call the HMIS user to discuss errors and steps to fix them (2) Peer-to-peer contact made to see if they can assist (3) Additional training provided. Reports are shared with all CoC members during their semi-annual CoC meetings.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Semi-Annually

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Quarterly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

The ShareLink HMIS Standard Operating Policies and Procedures Manual list Program Entry/Exits under the Data Elements to be collected on page 21 (page 26 of the electronic version).

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/24/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	0%	0%
Transitional Housing	0%	100%	0%	0%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

In 2012, there were 264 sheltered persons, in 2013 there were 323. This is an increase of 59 persons or 22%. There was an increase in both households with children and without children. This CoC is rural in nature. Some areas are extremely rural and isolated. The economic conditions had not improved at the time of the count. Agencies that provide emergency support continue to report an increase in the number of requests. Many people are doubling up to try to stay off the streets. These relationships more often than not breakdown. One or more of the tenants may find themselves on the street when the landlord finds there are extra persons in the residence, drug use, continued police interventions, etc...

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

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

2H-2 If other, provide a detailed description. (limit 750 characters)

N/A

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Survey Providers-provider surveys are given to all shelters in the CoC regardless of whether they enter in HMIS. If they do enter in HMIS, this allows for some measure of balance to ensure accuracy. Training is given to providers at the annual meeting just prior to the Count and/or in person when the survey is delivered.

HMIS-reports are printed for all agencies entering data on the date of the Count. This can then be compared to their paper survey.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

	HMIS:	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
Sample strategy:		
(if Sample of PIT interviews plus extrapolation is selected)		
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	Other:	<input type="checkbox"/>

2I-2 If other, provide a detailed description. (limit 750 characters)

N/A

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

HMIS-reports are printed for all agencies entering data on the date of the Count. This can then be compared to their paper survey.

Provider Expertise-due to the high number of DV shelters and low HMIS participation in the CoC, provider expertise is used in conjunction with non-HMIS client level information to identify sub-population data.

Non-HMIS Client Level Information-this information is critical to the completion of the Count due to the high number of DV shelters and low HMIS participation in the CoC. As this information is used for billing purposes in many of the shelters, it has an established level of accuracy desired for the Count.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

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

2J-2 If other, provide a detailed description. (limit 750 characters)

N/A

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Training- Training is provided at the CoC annual meeting. This includes reviewing definitions, instructions and all forms for use during the count. Sub-regional leads contacted any agencies in their area not attending to train face to face and give them their PiT forms.

Follow-up- Each sub-regional lead agency coordinated the count for their counties. The sub-regional lead agencies collected completed forms and did follow-up with agencies not returning forms in an effort to get completed information. When compiling reports, sub-regional leads contacted agencies to address any inconsistencies in their reports.

HMIS-reports are printed for all agencies entering data on the date of the Count. This can then be compared to their paper survey.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/24/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

An unsheltered count was not conducted in 2012. In comparing the 2013 count to the 2011 count, the total # of unsheltered people was reduced by 113 or 36%. Households with children were reduced by 84 people or 50.3%, households without children were reduced by 28 people or 14.3%. HPRP was a significant contributing factor in reducing the number of unsheltered. While it has fewer available dollars, ESG rapid re-housing has helped pick up where HPRP left off.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

N/A

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Public Places Count-a public places count was conducted by agency staff, volunteers and law enforcement. Each sector participating had different knowledge of known locations.

Service-based Count-due to the large geographic area of the CoC, a service-based count is critical to trying to capture as much information as possible on the unsheltered population. Service based counts allow for more personal communication with the population we are trying to count.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2N-2 If other, provide a detailed description. (limit 750 characters)

N/A

2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here. (limit 750 characters)

Training- Training is provided at the CoC annual meeting. This includes reviewing definitions, instructions and all forms for use during the count. Sub-regional leads contacted any agencies, volunteers or law enforcement in their area not attending to train face to face and give them their forms.

Enumerator Observation-Observation was critical to help ensure persons were not being counted multiple times.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		36	36	46
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	2	2	2	4
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		3	5	5
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)**

The CoC Board will work with the Performance and Outcomes Committee to recruit agencies with the capacity to operate a permanent supportive housing program with 10 beds, 2 serving chronically homeless. The Board and an existing permanent supportive housing program will mentor a minimum of one agency through the application process. The agency will have a draft application prepared when the NOFA is released. The Board will work with the agency to review the NOFA and convert its draft application to meet the NOFA requirements.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

The CoC Board, CoC Performance and Outcomes Committee, KI BOIS Permanent Supportive Housing Program.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	56	56	60
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	56	56	60
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	100%	100%	100%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

- The CoC will provide training on
- 1) Service plan development
 - 2) Conducting group sessions
 - 3) Appropriate referrals
 - 4) Removing barriers to housing stability

- The permanent supportive housing programs will
- 1) Create a service plan including housing stability goals for each participant
 - 2) Make appropriate referrals to empower participants to remove their own barriers to stable housing
 - 3) Hold monthly housing groups for participants in each county. Group content will include landlord-tenant relations, how to maintain a home, simple maintenance, financial literacy, job search skills, employee etiquette, non-employment sources of income, parenting, relationship building, the Affordable Care Act, and other pertinent topics.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

CoC Board, CoC Performance and Outcome Committee, KI BOIS Permanent Supportive Housing Case Manager, CoC member agencies and outside sources invited to provide training including the Oklahoma Department of Commerce, Governor's Interagency Council on Homelessness.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 23

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	50%	52%	54%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	50%	52%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	15	65.22 %
Unemployment Insurance	0	%
SSI	1	4.35 %

SSDI	4	17.39	%
Veteran's disability	0		%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	4	17.39	%
General Assistance	0		%
Retirement (Social Security)	0		%
Veteran's pension	0		%
Pension from former job	0		%
Child support	1	4.35	%
Alimony (Spousal support)	0		%
Other Source	0		%
No sources	0		%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)**

The CoC will provide training on

- 1) Service plan development
- 2) Conducting group sessions
- 3) Appropriate referrals
- 4) Removing barriers to receiving income from non-employment sources

The permanent supportive housing programs will

- 1) Create a service plan including income management goals for each participant
- 2) Make appropriate referrals to empower participants to remove their own barriers to stable monthly income
- 3) Hold monthly housing groups for participants in each county. Group content will include landlord-tenant relations, how to maintain a home, simple maintenance, financial literacy, job search skills, employee etiquette, non-employment sources of income, parenting, relationship building, the Affordable Care Act, and other pertinent topics.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

The CoC will provide training on

- 1) Service plan development
- 2) Conducting group sessions
- 3) Appropriate referrals
- 4) Barriers to employment

The permanent supportive housing programs will

- 1) Create a service plan including employment goals for each participant
- 2) Make appropriate referrals to empower participants to remove their own barriers to employment
- 3) Hold monthly housing groups for participants in each county. Group content will include landlord-tenant relations, how to maintain a home, simple maintenance, financial literacy, job search skills, employee etiquette, non-employment sources of income, parenting, relationship building, the Affordable Care Act, and other pertinent topics.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

CoC Board, CoC Performance and Outcome Committee, KI BOIS Permanent Supportive Housing Case Manager, CoC member agencies and outside sources invited to provide training including the Oklahoma Department of Commerce, Governor's Interagency Council on Homelessness, Oklahoma Association of Community Action Agencies, Department of Human Services, Volunteer Income Tax Assistance Programs, Workforce, Oklahoma Employment Security Commission.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 23 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	52%	54%	55%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	11	47.83 %
MEDICAID health insurance	1	4.35 %
MEDICARE health insurance	2	8.70 %
State children's health insurance	0	%
WIC	0	%

VA medical services	0		%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	0		%
Other Source	0		%
No sources	0		%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC will provide training on

- 1) Service plan development
- 2) Conducting group sessions
- 3) Appropriate referrals
- 4) Removing barriers to obtaining mainstream benefits

The permanent supportive housing programs will

- 1) Create a service plan including accessing mainstream benefits goals for each participant
- 2) Make appropriate referrals to empower participants to remove their own barriers to obtaining mainstream benefits
- 3) Hold monthly housing groups for participants in each county. Group content will include landlord-tenant relations, how to maintain a home, simple maintenance, financial literacy, job search skills, employee etiquette, non-employment sources of income, parenting, relationship building, the Affordable Care Act, and other pertinent topics.
- 4) Provide one on one assistance completing mainstream benefit applications

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

CoC Board, CoC Performance and Outcome Committee, KI BOIS Permanent Supportive Housing Case Manager, CoC member agencies and outside sources invited to provide training including the Oklahoma Department of Commerce, Governor's Interagency Council on Homelessness, Oklahoma Association of Community Action Agencies, Department of Human Services, Veterans Administration, Department of Health, Oklahoma Housing Finance Authority.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	3	20	25
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	10	30

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC Board will schedule two presentations from the SSVF programs in the Continuum for the membership. The SSVF programs have an emphasis on rapid re-housing for veteran families with children. The SSVF programs will describe their program and explain how member agencies can partner with them to rapidly house more veteran families.

The CoC Board along with the Oklahoma Department of Commerce will educate potential ESG applicants on the proven effectiveness of the rapid re-housing model and encourage them to place emphasis in their budget on rapid re-housing.

The CoC sub-regional leads will conduct 7 information sharing sessions for local entities to explain rapid re-housing and what resources are available in their area.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

CoC Board, KI BOIS SSVF, CSC-BRRX SSVF, Oklahoma Department of Commerce, Big Five Community Services, Deep Fork Community Action, INCA Community Action, KI BOIS Community Action, Little Dixie Community Action, Muskogee Community Action, Ada Homeless Services

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The CoC follows policies set by the Oklahoma Department of Commerce (ODOC) as they are the contracting agency for ESG. The CoC is just developing its policies for determining eligibility above and beyond what is required by ODOC. ESG grantees are are working to develop a screening threshold document. In conjunction with ODOC policies, each agency has its own policy as to what a household must pay within their ability. Some agencies do not require the household to contribute financially to rent the first month to three months. SSVF programs have their own policies dictated in part by the VA.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

Rapid Re-housing providers provide case management weekly or bi-weekly the first month. Some families need more contact and case managers adjust the schedule based on their needs. Once the family is in permanent housing case management visits are generally monthly unless there is crisis or other issue that requires more frequent contact.

Most case management is conducted in person, either in the office or the home. If the family requires more frequent contact, some contact may be by phone. Case managers will assess family progress to service plans and housing stability goals as well as their ability to maintain permanent housing. Case managers will discuss progress and continued need with the family to determine their readiness for discharge from financial support and/or case management.

The CoC follows standards set by rapid re-housing funding sources.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Rapid re-housing providers follow-up with previously assisted households. Each provider has a different schedule for follow-up. Not all providers follow-up for a full 12 months. Some providers contact households on two month intervals up to 6 months; others contact households every 3 months for 6 months. Some providers only contact households once unless they were deemed to have exhibited risk factors at follow-up. ESG grantees are working to develop a risk assessment document for use when households are exiting program support.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-1.1a If other, please explain. (limit 750 characters)

N/A

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

OK Dept of Human Services (OKDHS) policy requires child welfare workers begin transition planning with youth at age sixteen. The workers are supported in their efforts through a contract with the University of Oklahoma National Resource Center for Youth Services (OUNRCYS). Transition planning becomes more focused at age 17.9 when the "My Transition Plan" document is developed with the youth. This plan includes the youth's plan for housing, health insurance, education, continuing support services, work force supports and employment services.

The OK Dept of Mental Health and Substance Abuse (ODMHSAS) grant for the OK Healthy Transitions Initiative (OHTI) assists youth aging out of foster care. OHTI is a collaborative effort between OKDHS and ODMHSAS to decrease the number of people aging out of foster care who subsequently become homeless. The CoC membership supports the efforts of OHTI and collaborates with OKDHS offices in their local county to provide services to youth aging out.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

OKDHS collaborates with ODMHSAS, Department of Education and Vocational Rehabilitation through the Individual Education Plan (IEP) process; the Governor's Interagency Council on Homelessness, statewide non-profit youth services agencies and community based organizations to ensure youth are not being discharged to homelessness. In addition, the OKDHS contract with OUNRCYS provides for the facilitation of a toll free number and website where youth can request services and resources that complement their own efforts toward self-sufficiency.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-2.1a If other, please explain. (limit 750 characters)

N/A

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The OK Dept of Health (ODH) is the agency charged with licensing medical facilities including, hospitals, state institutions and long-term care facilities. State licensed facilities accepting Medicaid and Medicare in Okla are mandated to provide discharge planning to ensure patient health. Okla has implemented the Okla Olmstead Plan, which works to establish community-based housing with support services for people with disabilities moving from institutions. Okla mandates state facilities ensure appropriate housing and support services are available before a disabled person is discharged. Private hospitals receiving accreditation through the Joint Commission meet the minimum standards as outlined in the Centers for Medicaid and Medicare Services which include basic discharge planning. Most of Okla's private hospitals receive this accreditation. CoC agencies work with local hospital social workers to help identify available resources, eligibility guidelines and application processes.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The responsibility of discharge planning falls mainly on hospital based social workers and family. If the patient had a case worker/case manager prior to hospital admission then they should also be involved in the discharge planning. If CoC member agencies are aware of a discharge planning need, they will work to provide services within the scope of their ability or provide a referral.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-3.1a If other, please explain. (limit 750 characters)

N/A

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The Oklahoma Department of Mental Health and Substance Abuse (ODMHSAS) administrative rules include Standards and Criteria for State-Operated Inpatient Services (Title 450, Chapter 30). Within these rules, are the requirements for discharge planning, which state that planning shall include a written discharge plan to address the basic needs of the consumer including but not limited to housing, income maintenance and social support as well as specific provisions for ongoing community based mental health or substance abuse treatment needs. To assist with successful implementation of the rules/protocol as they specifically relate to planning for housing, ODMHSAS has implemented several bridge housing subsidy programs to help span the housing affordability gap. One of these housing subsidy programs is specifically targeted to help decrease the number of people discharging to homelessness.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The responsibility of discharge planning falls mainly on facility based case managers and, to a certain extent, family. If CoC member agencies are aware of a discharge planning need, they will work to provide services within the scope of their ability or provide a referral. Facilities in the CoC area include: Mental Health Services of Southern Oklahoma, Carl Albert Community Mental Health Center, Green Country Behavioral Health Services, and CREOKS Mental Health Services.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-4.1a If other, please explain. (limit 750 characters)

N/A

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The Oklahoma Partnership for Successful Reentry, Inc., a non-profit faith-based organization incorporated in 2007, has been instrumental in creating a proactive, statewide approach to prisoner reentry. OPSR has created a network of local prisoner reentry coalitions across the state to create reentry resource lists for their local area and worked collaboratively to create "reentry ready communities". OPSR works with the Oklahoma Department of Corrections to get as far "upstream" as possible, based on the belief that "reentry starts the first day you hit the yard". The goal is to recruit volunteers to go in to the prison system and create "reentry ready citizens", because they have used their time of incarceration to maximize rehabilitation. This two-prong approach, "inside" and "outside", will make a great impact on breaking the devastating cycle of homelessness and recidivism. Effective, evidence-based, pro-active discharge planning is the goal.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Oklahoma Department of Corrections bears the majority of the burden for discharge planning. With the creation of the Oklahoma Partnership for Successful Reentry "G2" Local Coalitions, this is changing. With the volunteer coalition membership, a large cross section of the community will become involved in discharge planning. Coalition members may include: faith based organizations/churches, shelters, mental health providers, law enforcement, probation and parole officers, non-profit organizations, Veterans Affairs and WorkForce. Coalition make-up will be different in each community.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

- 1) Increase the number of individuals and families accessing emergency shelter programs that enter into permanent housing;
- 2) Increasing the number of households accessing emergency shelter programs that increase or maintain their income upon exit; and
- 3) Increase the number of households accessing prevention services that avoided homelessness.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The CoC, Okla Dept of Commerce (State) and ESG recipients meet to discuss program requirements and priorities. The CoC meets with the State at statewide CoC meetings to discuss priorities and needs. Applications are released, completed and returned to the CoC. In FY12, the State was responsible for scoring and choosing applications to receive funding. In FY13, the CoC signed a cooperative agreement with another CoC to score each other’s applications. Once the applications were scored, the scoring was sent back to the original CoC. Since the CoC had significantly reduced funds compared to FY12, the ESG applicants met with the CA and State and made funding decisions as a group to best address the CoC and State goals. The State will monitor each grantee. The monitoring includes an assessment of actual accomplishments and an Agency Status Scales questionnaire to evaluate the strength of the organization. The monitoring reports will be distributed to the CoC board for use.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

All ESG grantees in the CoC provide rapid re-housing and prevention. Each grantee has a slightly different approach to the provision of services.

In FY 12, ESG grantees allocated a total of 54.79% to housing efforts; 27.82% for rapid re-housing and 26.97% for homelessness prevention. In FY 13, ESG grantees allocated a total of 62.49% to housing efforts; 33.55% for rapid re-housing and 28.94% for homelessness prevention.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The Consolidated Plan identifies the two primary causes of homelessness, especially in the rural parts of the State, as the level of poverty and lack of affordable housing in the area. Therefore, the Plan states it becomes a higher priority to maintain a household's home through homelessness prevention than in trying to find an almost non-existent affordable home once that individual or family has become homeless. The following programs address prevention: SSVF, Emergency Food and Shelter Program, ESG, Salvation Army, Community Services Block Grant and some local agency funds. Barriers include a lack of decent affordable housing and landlords that will rent to an adult with a felony conviction. The CoC, SSVF Program and ESG grantees are working to identify landlords willing to partner in preventing homelessness. The CoC works with ESG grantees in a number of ways. All of the current ESG grantees serve on the CoC board, participate in planning and serve on other committees.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

HOPWA, RHY – there are no grantees in the CoC

TANF – households not receiving TANF but appear to be eligible are referred to Dept of Human Services

Head Start – 4 of the 6 community actions serving as sub-regional leads operate HS programs. The two areas not covered by sub-regional leads are currently up for competitive application. Once the new grantees are named the CoC will approach them about becoming a member and partner. The CoC works with the grantees to provide prevention and RRH resources, partner during the Point in Time Count and provide support for families experiencing homelessness.

Philanthropic – there are private oil companies that provide financial gifts to support the Salvation Army, school supplies, and shelter needs in specific areas. The Choctaw Nation provides support in various forms to shelters and other programs. Nation staff is heavily involved in coalition activities throughout the CoC.

Other – The CoC works with SSVF, EFSP, Community Services Block Grant, Salvation Army, Faith Based, and Coalitions.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

There are 30 different PHA's in the CoC area. At this time there are none participating in the full CoC meetings. There is limited involvement in the local sub-regional areas. PHA's with housing facilities have lengthy waiting lists.

Two of the sub-regional leads have specific relationships with their PHA's. KI BOIS Community Action has partnered previously with their local PHA's in 4 counties to manage their HUD Section 202 properties. Muskogee County Community Action partners with their local PHA on vouchers for low-income persons living in their Tax Credit/HOME properties. Their PHA also provides assistance with their homebuyer education classes.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

At this time, there are no programs with additional eligibility requirements for entry. ESG grantees will be meeting in first quarter 2014 to develop a screening/threshold tool and will also determine if they feel there is a need for additional requirements.

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

There is one permanent supportive housing program in the CoC. The program is set up with a target population of women and children coming out of a shelter. The program uses a Housing First approach once contacted by the shelter and given a referral. When the referral is received, the case manager meets with the client to review her discharge plan and housing needs. The case manager then supplies the client with housing resources, helps her identify suitable housing and complete the application process.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

At this time there is no coordinated assessment in place. Currently, 211 is the option available outside of going to a local agency. 211 does cover the entire geographic area of the CoC (21 counties). The CoC has been participating in state-wide CoC meetings to discuss the best approach for the rural CoC's to take. The group has reviewed several options including 211 and JOIN (Joint Oklahoma Information Network). At this time, a final decision has not been made.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Programs within the CoC each have their own methodology for marketing based on their program and the geographic area they cover. All have outreach to shelters, food pantries, faith based communities, medical facilities, veterans organizations, civic clubs, substance abuse treatment facilities, etc... as well as sites such as back to school fairs, health fairs and community dinners. Underserved populations can vary by sub-regional area. The local providers in a sub-region lend their expertise to help identify who they see as underserved. The Community Action Agencies conduct needs assessment surveys in their areas and contribute to the discussion of who is underserved. The sub-regional local groups determine this population for their area.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The CoC requires all ESG and CoC funded programs to demonstrate: 1) they have policies and practices that are consistent with and do not restrict the exercise of rights provided by the education subtitle of the McKinney Vento Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness; 2) they consider the educational needs of children when families are choosing housing and, to the maximum extent practicable, placing families with children as close as possible to their school of origin; 3) they have a designated staff person to ensure that children are enrolled in school and connected to the appropriate services within the community.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The 7 sub-regional lead agencies as well as local shelters have contacted all the homeless liaisons in area schools. Unfortunately, many are very rural schools and the liaison doesn't always know they are the assigned person. In any case, the sub-regional leads and shelter staff are working to educate the liaisons about available services/educational needs and form a working relationship with them. All DV shelters and most homeless shelters have MOU's in place with local schools to ensure enrollment of children and provision of services.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The Oklahoma Attorney General has instituted the following standard (75:15-2-2) for domestic violence shelters: In the event the shelter does not offer services to clients with dependent boys over the age of twelve, the shelter shall have written policies regarding linkage to alternative provision of services including emergency shelter. The CoC Performance and Outcomes Committee is working to draft an MOU for non-DV shelters stating the provider agrees to not deny or separate families upon entry into the program. This MOU is to be signed by the other emergency shelters, transitional housing and permanent supportive housing.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The CoC mostly relies on program/case manager follow up with former clients to monitor risk for returns to homelessness. As the ESG grantees meet to create their threshold tool they will address a shared methodology for reducing returns to homelessness once a household exits a program and develop a risk assessment tool.

The CoC has recently gained access to the Basic Occurrence and Outcome Information report on shelter recidivism. The CoC Performance and Outcomes Committee will utilize this report to analyze HMIS data regarding returns to homelessness.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

N/A

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC has focused on ending veteran and family homelessness. The CoC has achieved its goal of getting a veteran services program funded for operation in the CoC. The SSVF program was designed to cover all 21 counties in the CoC geography. The program is in its first year of operation but has been a great partner in outreach and development of resources around the CoC. The CoC and ESG grantees are working to formulate a threshold screening tool to give priority eligibility to families and to develop a risk assessment to monitor their risk for returns to homelessness. There are currently two counties developing homeless committees/task forces. They are not yet to the plan development stage. Once there, the CoC will participate to help incorporate federal strategic plan and CoC goals in their local plan.

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

The CoC, ESG grantees and SSVF program have all adopted priorities for serving households with children. ESG grantees, the SSVF program and the PATH program all conduct outreach in the CoC. They each provide referrals to other resources when they encounter a family they are unable to assist. As part of the CoC outreach plan, local resources have been identified and are available to provide emergency hotel/motel stays for families on the street if no local shelter is available.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

There are 9 shelters with 169 beds spread across the CoC area. All 9 shelters provide residential safe shelter with case management services for single women and women with children. Case management services include but are not limited to service plan creation, group and one on one sessions, personal and court advocacy, assistance with legal forms and benefit applications. The DV shelters are included in all CoC communication, meetings and activities. The CoC shares resources and opportunities with the shelters as they become available. With the changes to ESG, the majority of DV shelters in the CoC have chosen not to apply.

The CoC policies mirror those of the Oklahoma Attorney General as far as confidentiality and safety of DV survivors and shelters.

3D-4 Describe the CoC’s current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.

(limit 1000 characters)

There are 8 youth shelters in the CoC with 91 mixed use beds. Two of the facilities use host homes. The shelters house homeless youth and youth in state custody. They offer a variety of services including counseling, graduated sanctions, anger management, crisis and grief intervention, emergency shelter, host homes, Community At-Risk Services (CARS), various educational programs, and prevention services. All shelters serve youth up to 17. One starts at age 11; one at 12; four at birth; one host home facility starts at birth, the other at 11. The CoC includes the youth shelters in all communication, meetings and activities. It has been difficult to get representation at the full CoC meetings. They are more open to participation in their local area. The sub-regional leads are working to garner more participation from the youth providers.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.

(limit 750 characters)

There is a Project for Assistance in Transition from Homelessness (PATH) in the CoC. They are routinely engaging persons sleeping on the street. If a person is not eligible for their program, they make a referral to one of the other housing or service programs. The SSVF Program also conducts outreach and engagement with persons sleeping on the street and will make referrals if they are not a veteran. Other outreach is done by individual agencies and programs. In the rural areas there are more “couch” homeless than those sleeping on the street.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

With the award of an SSVF program in the CoC, the partnership with HUD-VASH has started to open up. HUD-VASH staff has done a presentation for the CoC/SSVF regarding how to partner with them. There are currently 21 HUD-VASH households in the CoC; two are families with children. The CoC is heavily involved with the SSVF program as the collaborative applicant is also the SSVF grantee. The SSVF staff has become very involved in CoC activities and volunteered all staff to assist with the Point in Time Count. The CoC has held numerous meetings with the SSVF program to address services for those veterans screened but not eligible for their services. The CoC is working with the ESG grantees and sub-regional leads to identify funds available to assist those deemed ineligible. One of the sub-regional leads has set aside CSBG funds to provide client services in such cases.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

N/A

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The Collaborative Applicant and Performance and Outcomes Committee reviews HMIS data on a quarterly basis. Data reviewed includes case load, length of stay in program, leaver’s destination, cash and non-cash income and other APR indicators including the HUD established goals. Monitoring is done remotely unless the data indicates there is an issue or the sub-regional lead has indicated an issue. In either case an on-site visit is scheduled.

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

The CoC provides training and resources to its projects to help them reach the HUD established goals. The CoC provides updates regarding new resources and programs in the area. In the case of an underperforming project, the Collaborative Applicant schedules a visit to the project. The CA will work with the project and the Performance and Outcomes Committee to develop a corrective action plan. The CA will meet with the project at regular intervals as detailed in the plan to monitor progress and provide technical assistance. The CA will report to the Performance and Outcomes Committee and make a recommendation regarding the project at the end of the corrective action plan.

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

The CoC evaluates capacity based on agency budget, experience managing federal, state and local grants, staff capacity, organizational structure, board and longevity among other factors. In the case of an underperforming project, the Collaborative Applicant schedules a visit to the project. The CA will work with the project and the Performance and Outcomes Committee to develop a corrective action plan to increase their capacity to comply with their contractual obligations. The CA or designated professional will meet with the project at regular intervals as detailed in the plan to monitor progress and provide technical assistance. The CA/professional will report to the Performance and Outcomes Committee and make a recommendation regarding the project at the end of the corrective action plan.

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

The CoC and ESG grantees are working to develop a threshold/screening tool that will help move individuals and families into housing quicker. The SSVF Program uses a Housing First approach to reduce time on the street. The CoC is working with other non HUD providers to develop strategies to quickly move homeless persons into shelter and permanent housing.

The CoC is in need of additional rapid re-housing or permanent supportive housing providers. The CoC has been working to recruit agencies with the capacity to operate a permanent housing program. The CoC intends to have an agency ready to apply during the next NOFA allowing new applications.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography?
(limit 1000 characters)**

The CoC and ESG grantees are working to develop a risk assessment to monitor a household’s risk for returns to homelessness. The CoC will also work with the grantees to develop uniform follow-up polices and implement them across agencies.

If a household is at risk the program will work them or make referrals to other agencies to address the issues causing their risk.

The CoC recently gained access to the HMIS Basic Occurrence and Outcome Information report. This will be used to monitor returns to homelessness and analyze their cause.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

The CoC has worked with the SSVF program to improve outreach in the CoC area. The SSVF program covers all 21 counties in the CoC and has more manpower than any other program to conduct outreach. The SSVF case managers make referrals to other programs throughout the CoC for persons not eligible for their program. ESG and PATH case managers do the same.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	90%
* Homeless assistance providers use a single application form for four or more mainstream programs.	0%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 10/31/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

One of the sub-regional leads (a community action agency) applied for a navigator grant on behalf of 15 community action agencies in Oklahoma. All 6 community actions in the CoC area, who are also sub-regional leads, are contracted and have a navigator program with at least one FTE on staff. All 21 counties of the CoC are served by a navigator. The state of Oklahoma chose not to expand Medicaid.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

Currently, the only budgeted CoC supportive services funds are for one case manager in the permanent supportive housing program. All other supportive services are provided by outside agencies. The CoC is working to identify best practices highlighting non-traditional collaborations that provide supportive services. These best practices will be shared in various ways, through e-mail, in-person presentations at meetings and conference calls.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	SEO CoC HUD 2991	02/03/2014
CoC Governance Agreement	No	SEO CoC Governanc...	02/02/2014
CoC-HMIS Governance Agreement	No	SEO CoC HMIS Gove...	02/03/2014
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	2013 OK-507 GIW	02/03/2014
FY2013 Rank (from Project Listing)	No	2013 SEO CoC Proj...	02/03/2014
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	2013 SEO CoC Web ...	02/03/2014

Attachment Details

Document Description: SEO CoC HUD 2991

Attachment Details

Document Description: SEO CoC Governance Contract

Attachment Details

Document Description: SEO CoC HMIS Governance Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2013 OK-507 GIW

Attachment Details

Document Description: 2013 SEO CoC Project Priority Listing

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2013 SEO CoC Web Posting

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	02/02/2014
1C. Committees	02/02/2014
1D. Project Review	02/02/2014
1E. Housing Inventory	01/25/2014
2A. HMIS Implementation	02/02/2014
2B. HMIS Funding Sources	01/27/2014
2C. HMIS Beds	02/01/2014
2D. HMIS Data Quality	02/02/2014
2E. HMIS Data Usage	01/25/2014
2F. HMIS Policies and Procedures	01/25/2014
2G. Sheltered PIT	02/02/2014
2H. Sheltered Data - Methods	01/28/2014
2I. Sheltered Data - Collection	01/28/2014
2J. Sheltered Data - Quality	01/28/2014
2K. Unsheltered PIT	02/02/2014
2L. Unsheltered Data - Methods	01/28/2014
2M. Unsheltered Data - Coverage	01/25/2014
2N. Unsheltered Data - Quality	01/28/2014
Objective 1	01/31/2014
Objective 2	02/02/2014
Objective 3	02/02/2014
Objective 4	02/02/2014
Objective 5	02/02/2014
3B. CoC Discharge Planning: Foster Care	01/25/2014
3B. CoC Discharge Planning: Health Care	01/25/2014

3B. CoC Discharge Planning: Mental Health	01/25/2014
3B. CoC Discharge Planning: Corrections	02/02/2014
3C. CoC Coordination	02/03/2014
3D. Strategic Plan Goals	02/02/2014
3E. Reallocation	01/25/2014
4A. Project Performance	02/01/2014
4B. Employment Policy	01/25/2014
4C. Resources	02/02/2014
Attachments	02/03/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Southeastern Oklahoma Continuum of Care

Project Name: KI BOIS Permanent Supportive Housing Program


Location of the Project: Haskell, Latimer, LeFlore, Pittsburg Counties, Oklahoma

Name of the Federal Program to which the applicant is applying: CoC Supportive Housing Program

Name of Certifying Jurisdiction: Oklahoma Department of Commerce

Certifying Official of the Jurisdiction Name: Vaughn Clark

Title: Director, Community Development Division

Signature: 

Date: 01/17/2014

GOVERNANCE AGREEMENT

Parties to this Agreement:

- KI BOIS Community Action Foundation, Collaborative Applicant and HMIS Lead Agency for the Southeast Oklahoma Continuum of Care, hereinafter referred to as **CoC**.
- United Way of Ponca City, System Administrator for the Homeless Management Information System (HMIS), hereinafter referred to as **United Way**.

Recitals:

- The U.S. Department of Housing and Urban Development requires all recipients of Stewart B. McKinney Homeless Assistance Act funds to participate in a Homeless Management Information System (HMIS).
- HMIS is a community-wide computer software application that is designed to capture client-level information including the characteristics of men, women, and children experiencing homelessness and the housing/services provided to them.
- CoC has chosen Bowman Systems LLC, ServicePoint as the HMIS vendor product it will use.
- CoC has determined that United Way will be its HMIS System Administrator.
- United Way has entered into a contract with the Bowman Systems LLC and Community Service Council of Greater Tulsa (CSC). This contract enables United Way to implement HMIS.
- The parties have mutual goal to enhance collaborative efforts to improve access to housing and services, and strengthen our efforts to end homelessness.
- The Continuum of Care Board has requested and KI BOIS Community Action Foundation has agreed to function as Collaborative Applicant and HMIS Lead Agency for Southeast Oklahoma Continuum of Care.

Responsibilities of CoC:

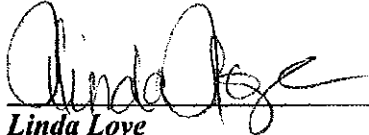
- Oversight of the HMIS system.
- Inclusion of HMIS goals and action steps in the CoC 10 Year Plan.
- HMIS committee as the group that will track HMIS implementation and progress.
- Requiring all CoC HUD grantees and ESG grantees to participate fully in HMIS.
- Ensuring that the CoC application uses accurate HMIS data.
- Ensuring that the HMIS HUD grant is included in the CoC's Priority List in the annual CoC Application formerly known as Exhibit 1 Application submission to HUD.
- Requiring all qualifying CoC HUD grantees to participate in the Annual Homeless Assessment Report (AHAR).

Responsibilities of United Way:

- Function as System Administrator for HMIS.
- Provide group and individual training to HMIS users within the CoC.
- Provide individualized technical assistance to HMIS users within the CoC.
- Assist CoC grantees with specialized reporting needs.

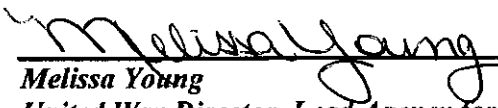
- Monitor data quality and promote good data quality through system design, system review, training, and technical assistance
- Generate data for the HMIS section of the CoC Application formerly known as Exhibit 1.
- Generated data for the Annual Homeless Assessment Report, as appropriate.
- Ensure that pertinent HMIS monitoring is included in the CoC's annual site visit of grantees.
- Function as the CoC's liaison to HMIS Implementation effort.
- Ensure compliance to the HUD HMIS Data and Technical Standards.
- Participate in the CoC HMIS committee work group.
- Provide grant administration functions for the CoC's HMIS HUD grant by generating data for the HMIS portion of the HUD CoC Application annual grant.

Signing on Behalf of the Southeastern Oklahoma CoC:


1/11/13

 Linda Love Date
***KI BOIS Community Action Foundation, Director of Planning and Development,
 Lead Agency & HMIS Lead Agency for the Southeastern Oklahoma CoC
 P.O. Box 727, Stigler, OK 74462-077
 580-967-3325***

Signing on Behalf of HMIS System Administrator for the CoC:


1-11-13

 Melissa Young Date
***United Way Director, Lead Agency for HMIS
 205 N. 2nd Street, Ponca City, OK 74601
 580-765-2476***

Before Starting the Project Listings for the CoC Priority Listing

Collaborative Applicants must rank or reject all Project Applications –new projects created through reallocation, renewal projects, CoC planning projects, and UFA Costs projects - submitted through e-snaps from project applicants prior to submitting the CoC Project Listings.

Additional training resources are available online on the CoC Training page of the OneCPD Resource Exchange at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/> .

Things to Remember

- There are four separate forms in e-snaps that make up the Priority Listings, which lists the new projects created through reallocation, renewal, CoC planning, and UFA Costs project applications that the Collaborative Applicant intends to submit on behalf of the CoC. The Priority Listing ranks the projects in order of priority and identifies any project applications rejected by the CoC. All renewal and new projects created through reallocation, CoC planning, and UFA Costs project applications must be accepted and ranked or rejected by the Collaborative Applicant. Ranking numbers must be unique for each project application submitted.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY2013 CoC Ranking Tool located on the OneCPD Resource Exchange to ensure a ranking number is used only once. The FY 2013 CoC Ranking Tool will assist the Collaborative Applicant during the ranking process among the four Project Listings.
- Any project applications rejected by the Collaborative Applicant must select the reason for rejection.
- Collaborative Applicants are required to notify all project applicants no later than 15 days before the application deadline regarding whether their project applications would be included as part of the CoC Consolidated Application submission.
- If the Collaborative Applicant needs to amend a project for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant must be sure to rank the amended project once it is returned to the Project Listing and verify that the rank number assigned has not been assigned to another project on a different Project Listing.
- Only 1 CoC Planning project can be ranked on the CoC Planning Project Listing.
- Only 1 UFA cost project can be ranked on the UFA Cost Project Listing.

The Collaborative Applicant MUST submit both this CoC Project Listing AND the CoC Application by the HUD submission deadline in order for the CoC Consolidated Application submission to be considered complete

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 One CPD Resource Exchange Ask A Question at <https://www.onecpd.info/ask-a-question/>.

Collaborative Applicant Name: KI BOIS Community Action Foundation, Inc.

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the CoC New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all new project applications that were created through reallocation and have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects created through reallocation that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
This list contains no items						

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the CoC Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all renewal project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
KI BOIS Permanent...	2014-02-01 14:26:...	1 Year	KI BOIS Community...	\$122,654	W1	PH

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload the CoC planning project application that has been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

If more than one CoC planning project was submitted, the Collaborative Applicant can only approve one CoC planning project (which must be submitted by the Collaborative Applicant) and reject all other CoC planning projects.

Project Name	Date Submitted	Project Type	Applicant Name	Budget Amount	Grant Term	Rank	Comp Type
This list contains no items							

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Instructions" and the "CoC Priority Listing" training guide, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, 1 UFA Cost project and only 1 CoC Planning project can be submitted and only the Collaborative Applicant is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$122,654
New Amount	
Reallocated Amount	
CoC Planning Amount	
UFA Costs	
Rejected Amount	\$0
TOTAL CoC REQUEST	\$122,654

Maximum CoC project planning amount: \$10,114

Submission Summary

Page	Last Updated
Before Starting	No Input Required
1A. Identification	01/31/2014
2A. CoC New Project Listing	No Input Required
2B. CoC Renewal Project Listing	02/01/2014
4A. CoC Planning Project Listing	No Input Required
Submission Summary	No Input Required

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the OneCPD Resource Exchange at <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the OneCPD Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2012 Project Application will not be imported into the FY 2013 Project Application, therefore applicants will be required to enter information into all required fields.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
 - Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
 - Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduction.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Type of Submission:

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 02/01/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: OK0040L6I071203

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: KI BOIS Community Action Foundation, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 73-0770231

	c. Organizational DUNS:	119765923	PL US 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: P. O. Box 727

Street 2: 200 SE "A" Street

City: Stigler

County: Haskell

State: Oklahoma

Country: United States

Zip / Postal Code: 74462

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.
First Name: Linda
Middle Name:
Last Name: Love
Suffix:
Title: Director of Planning and Development
Organizational Affiliation: KI BOIS Community Action Foundation, Inc.
Telephone Number: (918) 967-3325
Extension:
Fax Number: (918) 967-8660
Email: linda.love@kibois.org

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

9. Type of Applicant: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5700-N-31B

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

14. Area(s) affected by the project (State(s) only): Oklahoma
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: KI BOIS Permanent Supportive Housing Program

16. Congressional District(s):

a. **Applicant:** OK-002
(for multiple selections hold CTRL key)

b. **Project:** OK-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. **Start Date:** 10/01/2014

b. End Date: 09/30/2015

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this form from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Gene

Middle Name:

Last Name: Bass

Suffix:

Title: Board Chair

Telephone Number: (918) 967-3325
(Format: 123-456-7890)



Fax Number: (918) 967-8660
(Format: 123-456-7890)

Email: gene.bass@kibois.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 02/01/2014

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

Instructions:

The selections made on this form will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on form "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC".

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Project Status: The default selection is "Standard", indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2013 competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Appeals Notice that is published by HUD after the FY 2013 CoC Program NOFA is published.

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Expiring Grant Number: OK0040L6I071203

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: OK-507 - Southeastern Oklahoma Regional CoC

2b. CoC Applicant Name: KI BOIS Community Action Foundation, Inc.

3. Project Name: KI BOIS Permanent Supportive Housing Program

4. Project Status: Standard

5. Component Type: PH

6. Is Energy Star used at one or more of the proposed properties? Yes

7. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus.

PH PROJECTS ONLY

Does the project follow a "Housing First" model: This is a required field for PH projects only. Select "Yes" if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

Does the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance". If RRH is selected, a follow-up field will appear in which the applicant will need to "

Indicate the maximum length of assistance". RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, "Unlimited Assistance" will automatically populate and will be read only. **TH AND SSO PROJECTS ONLY:**

Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so: This is a required field. Projects are only permitted to serve households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3), if the CoC has requested and is approved to use funds for such a purpose. CoCs that wish to request that projects within the CoC be permitted to use funds to serve this population had to identify the specific project(s) that would use funding for this purpose (up to 10 percent of CoC total award) by submitting an attachment with the CoC Application. HUD will only consider TH and SSO projects for approval under the above conditions.

TH PROJECTS ONLY:

Indicate the maximum length of assistance: This is a required field. The maximum length of assistance allowed for TH projects is 24 months.

PH AND TH PROJECTS ONLY:

If applicable, indicate the type of rental assistance: This is a required field. If requesting rental assistance, select the type, PRA, SRA, or TRA, from the dropdown menu. Each type has unique requirements and applicants should refer to 24 CFR 578.51 before making a selection. If not requesting rental assistance in this project application, select N/A.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive

For SHP projects renewing under the CoC Program for the first time, is the project budget being revised to rental assistance from leasing? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8)); This is a required field. "Yes" should only be selected if the change from leasing to rental assistance was approved by HUD during the GIW process.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Provide a description that addresses the entire scope of the proposed project.

The KI BOIS Community Action Permanent Supportive Housing Program (PSHP) will provide permanent supportive housing for 16 families and/or individuals who are victims of domestic violence (DV) and have a diagnosed disability. The geographic area to be service is Haskell, Latimer, LeFlore and Pittsburg Counties in rural Southeastern Oklahoma. The majority of shelters in the CoC are for DV victims and this is the only PSHP in the CoC.

Participants will be initially screened by the referring agency. The case manager will provide additional screening for eligibility during intake.

Participants must be able to pay their other living expenses and provide acceptable documentation of their disability.

Program participants will live in scattered site apartments or single family homes. The majority of units will be 2 bedrooms unless the size of family warrants a larger unit. Housing assistance will be provided for up to 3 years on a gradual reduction scale: 100% the 1st year, 75% the 2nd year and 50% the 3rd year. Once the program is completed, participants remain in their permanent housing unit and the PSHP removes itself from further obligation on the unit.

Participants will receive comprehensive case management and supportive services. The case manager will work with each participant to update and maintain their service plan on a monthly basis. The service plan contains short and long term goals and objectives. Participants will attend DV groups at their local shelter on a regular basis. Frequency will be based on their personal needs. Participants will attend monthly housing groups offered by the case manager. Group content includes: landlord/tenant relations, budgeting, safety, and other topics as requested or required. Other supportive services include transportation, medical, mental health, employment, social services such as TANF, food stamps, etc..., education, job training, and life skills training. The case manager will make routine home visits during the participant's tenure with the program. Initially, the case manager will make weekly home visits and then adjust frequency to meet the needs of the participant.

The PSHP will partner with the 3 DV shelters in the area to provide referrals, groups and one on one sessions for participants. The PSHP will also partner with the local Department of Human Services in each county to facilitate priority homeless services for their eligible participants. The PSHP will partner with the local schools, technology centers, mental health and medical clinics. Other partners will be recruited based on the local area and participant needs.

At the end of the three year period, the PSHP will no longer provide financial support but the participant is still eligible to attend all housing and DV groups and request one on one sessions with the shelter staff and the case manager.

The projected outcome for all participants is self-sufficiency in safe, stable, affordable housing.

2. Does your project participate in a CoC Coordinated Assessment System? No

3. Does your project have a specific population focus? Yes

3a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

5. Does the project follow a "Housing First" model? No

6. Does the PH project provide PSH or RRH? PSH

6a. Indicate the maximum length of assistance: Unlimited assistance

7a. If applicable, indicate the type of rental assistance: N/A

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider closest to the grant funds (i.e. Applicant, then Subrecipient, then Partner, and lastly, non-Partner).

- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

**2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
 Click 'Save' to update.**


Supportive Services	Provider	Access	Frequency
Assessment of Service Needs	Applicant	Onsite	As needed
Assistance with Moving Costs			
Case Management	Applicant	Onsite	As needed
Child Care	Non-Partner	Public/private regional transportation	As needed
Education Services	Partner	Public/private regional transportation	As needed
Employment Assistance and Job Training	Partner	Public/private regional transportation	As needed
Food	Non-Partner	Public/private regional transportation	Monthly
Housing Search and Counseling Services	Applicant	Onsite	As needed
Legal Services	Non-Partner	Public/private regional transportation	As needed
Life Skills Training	Applicant	Onsite	Weekly
Mental Health Services	Partner	Public/private regional transportation	As needed
Outpatient Health Services	Partner	Public/private regional transportation	As needed
Outreach Services	Applicant	Public/private regional transportation	As needed
Substance Abuse Treatment Services	Applicant	Public/private regional transportation	As needed
Transportation	Applicant	Onsite	As needed
Utility Deposits	Applicant	Short walk	As needed

3. How accessible are most community amenities to project participants?

Most Community Amenities
Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.

Access
Somewhat accessible: Minor transportation barriers, requires effort for participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 18

Total Beds: 39

Total Dedicated CH Beds: 2

Total Non-Dedicated CH Beds: 37

Housing Type	Units	Beds	CH Beds	Non-CH Beds
Scattered-site apartments (...)	4	8	1	7
Scattered-site apartments (...)	8	17	1	16
Scattered-site apartments (...)	6	14	0	14

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 4

- b. Beds:** 8
- c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?** 1
- d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?** 7

3. Address:

Street 1: 200 SE "A" Street

Street 2: PO Box 727

City: Stigler

State: Oklahoma

ZIP Code: 74462

- 4. Select the geographic area(s) associated with the address:** 409061 Haskell County
(for multiple selections hold CTRL Key)

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 8

b. Beds: 17

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 1

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 16

3. Address:

Street 1: PO Box 1023

Street 2: 609 E. Peoria

City: McAlester

State: Oklahoma

ZIP Code: 74501

- 4. Select the geographic area(s) associated with the address:** 409121 Pittsburg County
(for multiple selections hold CTRL Key)

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 6

b. Beds: 14

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 0

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 14

3. Address:

Street 1: PO Box E

Street 2: 204 Wall Street

City: Poteau

State: Oklahoma

ZIP Code: 74953

4. Select the geographic area(s) associated with the address: 409079 Le Flore County
(for multiple selections hold CTRL Key)

4C. HMIS Participation

Instructions:

ALL PROJECTS EXCEPT HMIS

Does this project provide client level data to the HMIS at least annually: This is a required field. Select "Yes" or "No" from the drop down menu.

If "No" was selected, indicate the reason for non-participation in the HMIS by selecting one or more of the following reasons for not participating in the CoC's HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other. If "Federal/State prohibition" cite the applicable law in the text box provided. For "Other" provide an explanation in the text box.

If "Yes" was selected:

Indicate the number of clients served from 1/1/2012 – 12/31/2012: Enter the number of participants reported in the HMIS, only positive integers will be accepted. This should be a cumulative yearly count of clients served.

Of the clients served from 1/1/2012 – 12/31/2012, indicate the number reported in the HMIS: Enter a number that is smaller than or equal to the answer in the above question. Only positive integers will be accepted.

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0." At least one value must be entered into the grid. Enter a number in the applicable fields that represents the percentage of each data element that have null or missing values, and a number that represents the percentage of each data element were reported as "Don't Know or Refused."

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Does this project provide client level data to HMIS at least annually? Yes

2a. Indicate the number of clients served from 1/1/2012 - 12/31/2012 45

2b. Of the clients served from 1/1/2012 - 12/31/2012, indicate the number reported in the HMIS 45

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	4%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	14	7	0	21

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24	14	7		21
Non-disabled Adults over age 24	0	0		0
Disabled Adults ages 18-24	0	0		0
Non-disabled Adults ages 18-24	0	0		0
Accompanied Disabled Children under age 18	3		0	3
Accompanied Non-disabled Children under age 18	31		0	31
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
Total Number of Adults over age 24	14	7		21
Total Number of Adults ages 18-24	0	0		0
Total Number of Children under age 18	34		0	34
Total Persons	48	7	0	55

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This form can only be completed once form "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Disabled Adults over age 24	0	0	0	6	0	9	14	0	0	0
Non-disabled Adults over age 24	0	0	0	0	0	0	0	0	0	0
Disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Disabled Children under age 18	0			0	0	3	3	0	1	0
Non-disabled Children under age 18	0			0	0	0	31	0	0	0

Total Persons	0	0	0	6	0	12	48	0	1	0
----------------------	---	---	---	---	---	----	----	---	---	---

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop mental Disability	Persons not represent ed by listed subpopu lations
Disabled Adults over age 24	1	0	0	1	0	7	7	0	0	0
Non-disabled Adults over age 24	0	0	0	0	0	0	0	0	0	0
Disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	1	0	0	1	0	7	7	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop mental Disability	Persons not represent ed by listed subpopu lations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the "Persons at imminent risk of losing their nighttime residence" field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2013 CoC Program NOFA.

If the field for "Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing" contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Enter the percentage of project participants that will be coming from each of the following locations.

0%	Directly from the street or other locations not meant for human habitation.
100%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
0%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)
0%	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
0%	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements

AND/OR

If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

- a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.
- b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

**1. Specify the universe and target for the housing measure.
 Click 'Save' to calculate the target percent (%).**

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	30	35	86%

**2. Choose one income-related performance measure from below, and
 specify the universe and target numbers for the goal.
 Click 'Save' to calculate the target percent (%).**

Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.	13	16	81%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

Use this form to submit additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this form will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the reallocation responses in the CoC Application.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This field is pre-populated with a one-year grant term.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected at the beginning of this project application. The following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the final HUD-approved FY2013 GIW.

If you do not see the funding budgets that you expected, you may need to return to form "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. For example, a rental assistance project that does not see the "Long-term rental assistance" budget may have incorrectly identified as a rapid re-housing project on form "3B. Project Description." See the FY2013 CoC Program NOFA for additional guidance.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award and no later than three months after the award. Conditional award recipients will be asked to submit the proposal or approved rate during the e-snaps post-award process.

5. Select a grant term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Long-term Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

7B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$74,943	
Grant Term:		1 Year	
Total Request for Grant Term:		\$74,943	
Total Units:		18	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
OK - Haskell Coun...	2	\$10,800	\$10,800
OK - Le Flore Cou...	2	\$12,375	\$12,375
OK - Pittsburg Co...	2	\$10,800	\$10,800
OK - Haskell Coun...	2	\$8,100	\$8,100
OK - Le Flore Cou...	4	\$10,800	\$10,800
OK - Pittsburg Co...	3	\$12,168	\$12,168
OK - Pittsburg Co...	3	\$9,900	\$9,900

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2013 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the FY2013 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the HUD approved FY2013 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OK - Haskell County, OK (4006199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	2	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		

8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	2	\$10,800
Grant Term		1 Year
Total Request for Grant Term		\$10,800

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2013 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the FY2013 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the HUD approved FY2013 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OK - Le Flore County, OK HUD Metro FMR Area (4007999999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	1	
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	2	\$12,375
Grant Term		1 Year
Total Request for Grant Term		\$12,375

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2013 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the FY2013 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the HUD approved FY2013 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OK - Pittsburg County, OK (4012199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	2	
3 Bedroom	0	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	2	\$10,800
Grant Term		1 Year
Total Request for Grant Term		\$10,800

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2013 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the FY2013 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the HUD approved FY2013 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OK - Haskell County, OK (4006199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	2	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	2	\$8,100
Grant Term		1 Year
Total Request for Grant Term		\$8,100

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2013 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the FY2013 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the HUD approved FY2013 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OK - Le Flore County, OK HUD Metro FMR Area (4007999999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	4	
3 Bedroom		

4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	4	\$10,800
Grant Term		1 Year
Total Request for Grant Term		\$10,800

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2013 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the FY2013 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the HUD approved FY2013 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OK - Pittsburg County, OK (4012199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	3	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	3	\$12,168
Grant Term		1 Year
Total Request for Grant Term		\$12,168

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2013 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the FY2013 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the HUD approved FY2013 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: OK - Pittsburg County, OK (4012199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	2	
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	3	\$9,900
Grant Term		1 Year
Total Request for Grant Term		\$9,900

Click the 'Save' button to automatically calculate totals.

7F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the HUD-approved GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE Salary/Fringe Benefits	\$38,018
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	6726 miles @ .555/mile for home visits in 4 counties	\$3,733
16. Utility Deposits		
Total Annual Assistance Requested		\$41,751
Grant Term		1 Year
Total Request for Grant Term		\$41,751

Click the 'Save' button to automatically calculate totals.

7H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity. The request should match the budget amounts identified on the HUD-approved GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	Licensing \$325, Support \$190	\$515
3. Services	Hosting \$140, Internet \$360	\$500
4. Personnel	Tec Assistance & Training \$341	\$341
5. Space & Operations		
Total Annual Assistance Requested		\$1,356
Grant Term		1 Year
Total Request for Grant Term		\$1,356

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$11,988
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,988

Summary for Leverage

Total Value of Cash Commitments:						\$292,462
Total Value of In-Kind Commitments:						\$0
Total Value of All Commitments:						\$292,462
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments	
Match	Cash	Private	KCAF KI BOIS Wome...	10/29/2013	\$5,994	
Leverage	Cash	Private	Women's Crisis Ce...	11/13/2013	\$4,320	
Leverage	Cash	Private	KI BOIS Area Tran...	12/18/2013	\$34,000	
Leverage	Cash	Government	Department of Hum...	10/31/2013	\$30,088	
Leverage	Cash	Private	Choctaw Nation	12/17/2013	\$2,250	
Leverage	Cash	Government	Oklahoma Attorney...	07/01/2013	\$130,845	
Leverage	Cash	Government	District Attorney...	07/01/2013	\$86,307	
Match	Cash	Private	KCAF McAlester Ca...	10/29/2013	\$5,994	
Leverage	Cash	Private	KCAF KI BOIS Wome...	10/29/2013	\$2,326	
Leverage	Cash	Private	KCAF McAlester Ca...	10/29/2013	\$2,326	

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match or Leverage?** Match
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** KCAF KI BOIS Women's Shelter
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/29/2013
- 6. Value of Written Commitment:** \$5,994

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match or Leverage?** Leverage
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Women's Crisis Center-Poteau
(Be as specific as possible and include the office or grant program as applicable)

- 5. Date of Written Commitment:** 11/13/2013
- 6. Value of Written Commitment:** \$4,320

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards** Leverage
Match or Leverage?
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private

- 4. Name the Source of the Commitment:** KI BOIS Area Transit System
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 12/18/2013
- 6. Value of Written Commitment:** \$34,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards Leverage Match or Leverage?

- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Department of Human Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/31/2013
- 6. Value of Written Commitment:** \$30,088

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match or Leverage?** Leverage
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Choctaw Nation
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 12/17/2013
- 6. Value of Written Commitment:** \$2,250

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match or Leverage?** Leverage
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Oklahoma Attorney General
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/01/2013
- 6. Value of Written Commitment:** \$130,845

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match or Leverage?** Leverage
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** District Attorneys Council
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/01/2013
- 6. Value of Written Commitment:** \$86,307

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match or Leverage?** Match
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** KCAF McAlester Care Center
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/29/2013
- 6. Value of Written Commitment:** \$5,994

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match or Leverage?** Leverage
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** KCAF KI BOIS Women's Shelter
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/29/2013
- 6. Value of Written Commitment:** \$2,326

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match or Leverage?** Leverage
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** KCAF McAlester Care Center
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/29/2013
- 6. Value of Written Commitment:** \$2,326

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "8. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount funds of requested administration funds. The request should match the amount identified on the HUD-approved GIW. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to form "7I. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form "7I. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form "7I. Sources of Match/Leverage" to make changes..

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	\$74,943	1 Year	\$74,943
1b. Leased Structures	\$0	1 Year	\$0
2. Short-term/Medium-term Assistance	\$0	1 Year	\$0
3. Long-term Rental Assistance	\$0	1 Year	\$0

4. Supportive Services	\$41,751	1 Year	\$41,751
5. Operating	\$0	1 Year	\$0
6. HMIS	\$1,356	1 Year	\$1,356
7. Sub-total Costs Requested			\$118,050
8. Admin (Up to 10%)			\$4,604
9. Total Assistance plus Admin Requested			\$122,654
10. Cash Match			\$11,988
11. In-Kind Match			\$0
12. Total Match			\$11,988
13. Total Budget			\$134,642

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Forms 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Form 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Commitment Letter: SHP projects that are converting from Leasing to Rental Assistance and are non-profits must attach a commitment letter from the state, instrumentality of local government, or PHA that will administer the rental assistance. Please see the FY 2013 CoC Program NOFA for more additional information.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For most projects, the certification is attached to the CoC Application with a list of all associated projects. However, for projects that selected "No CoC" on form 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Gene Bass

Date: 02/01/2014

Title: Board Chair

Applicant Organization: KI BOIS Community Action Foundation, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

9B. Submission Summary

Page	Last Updated
1A. Application Type	12/17/2013
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/17/2013
1E. Compliance	12/17/2013
1F. Declaration	12/17/2013
2A. Subrecipients	No Input Required
3A. Project Detail	12/17/2013
3B. Description	12/17/2013
4A. Services	12/17/2013
4B. Housing Type	02/01/2014
4C. HMIS Participation	01/02/2014
5A. Households	01/03/2014
5B. Subpopulations	No Input Required
5C. Outreach	01/03/2014
6A. Standard	01/02/2014
6B. Additional Performance Measures	No Input Required
7A. Funding Request	12/18/2013
7B. Leased Units	02/01/2014
7F. Supp. Srvcs. Budget	01/03/2014
7H. HMIS Budget	12/18/2013
7I. Match/Leverage	01/02/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	No Input Required
8B. Certification	01/03/2014