

# 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.

**CoC Name and Number (From CoC Registration):** NV-500 - Las Vegas/Clark County CoC

**CoC Lead Organization Name:** Southern Nevada Regional Planning Coalition

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

### Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Southern Nevada Regional Planning Coalition Committee on Homelessness

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

**Indicate the legal status of the group:** Other (specify)

**Specify "other" legal status:**

Quasi-governmental

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 45%

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

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

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

**Briefly describe the selection process including why this process was established and how it works.**

The 12 elected officials on the Southern Nevada Regional Planning Coalition (SNRPC) appoints and/or assigns members to sit on the Committee on Homelessness.

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

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

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

The members of the Committee on Homelessness vote on who will serve as the chair and vice-chair.

**If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.**

Yes, Clark County is the responsible fiscal/administrative agent for the Southern Nevada Regional Planning Coalition--Committee on Homelessness(SNRPC-COH). This board has it's own budget that is derived from contributions from each of the jurisdictions as well as grant funds from the State of Nevada to incubate pilot projects and ensure state funding is meeting the needs of the continuum. This board and it's staff also oversee the contracts for inclement weather shelter, HMIS administration, Mobile Shower Unit, Clark County Outside Agency funds for homeless services and various other contracts as deemed appropriate.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
SNRPC-COH Continn...	Monthly or more
SNRPC-COH HMIS St...	Quarterly
SNRPC-COH Technic...	Monthly or more
SNRPC-COH Public ...	Bi-monthly
SNRPC-COH Housing...	Bi-monthly
Nevada Homeless A...	Monthly or more
City of Las Vegas...	Semi-annually
Clark County Comm...	Semi-annually
Clty of North Las...	Semi-annually
Southern Nevada W...	Monthly or more
Encampment Workin...	Monthly or more

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** SNRPC-COH Continuum of Care Evaluation Working Group

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

**Describe the role of this group:**

Review and prioritize all homeless funding in the Region to ensure compliance with the Southern Nevada Plan to End Homelessness.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** SNRPC-COH HMIS Steering Committee

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

To guide the implementation and expansion of the use of HMIS throughout the continuum. This group determines what agencies access the HMIS system.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** SNRPC-COH Technical Working Group

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

**Describe the role of this group:**

This group is the working group for the COH

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** SNRPC-COH Public Awareness Working Group

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

Work to increase public awareness of homelessness and put a face on homelessness

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** SNRPC-COH Housing Working Group

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

Work to increase the permanent housing stock for homeless and extremely low income individuals and families.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Nevada Homeless Alliance

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

**Describe the role of this group:**

Advocacy for providers and coalition building within the CoC

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** City of Las Vegas Citizens Advisory Board

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

Guide use of CDBG, ESG and HOME funds

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Clark County Community Development Advisory Committee

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

Guide use of County CDBG, ESG and HOME funds

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** City of North Las Vegas Citizens Advisory Board

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

Guide to the use of City CDBG and HOME funds

## **Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail**

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** Southern Nevada Workforce Investment Board

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

**Describe the role of this group:**

Develop educational and workforce system to move unemployed into employment.

## **Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail**

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** Encampment Working Group

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

**Describe the role of this group:**

To ensure interventions are conducted in an orderly, pre-proscribed manner to ensure the safety and security of the homeless and to engage as many homeless as possible to enter into programs.

## 1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
AARP Senior Employment	Private Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	NONE
Aid for AIDS of Nevada	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS
Bridge Counseling Associates	Private Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	NONE
Boys and Girls Clubs of Las Vegas	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Caminar	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
Catholic Charities of Southern Nevada	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Central Christian Church-Community Care	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
City of Las Vegas-EVOLVE	Public Sector	Other	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City of Las Vegas-Neighborhood Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Clark County-Community Resource Management	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Clark County Family Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth
Clark County Health Department	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Clark County Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Clark County Legal Services	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Clark County School District	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Clark County Social Service	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Clark County-Las Vegas Urban League	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE

Las Vegas/Clark County CoC			COC_REG_v10_000227	
Classroom on Wheels	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Community College of Southern Nevada	Public Sector	School...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Counseling Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Clark County--Community Resource Management	Public Sector	Local...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Community Outreach Medical	Private Sector	Hospital..	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Community Partners Child Care	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Youth
Computer Assisted Literacy in the Libraries	Private Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	NONE
Consumer Credit Counseling Service of SN	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Easter Seals of Nevada	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Emergency Aid of Boulder City	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Enterprise Quick Care	Private Sector	Hospital..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Family Promise	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Family Resource Centers	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Foundation for an Independent Tomorrow	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Gay and Lesbian Center	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Girls and Boys Town	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Youth
Golden Rainbow	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS
Goodwill of Southern Nevada	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
HELP of Southern Nevada	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

Las Vegas/Clark County CoC			COC_REG_v10_000227	
Hopelink/HACA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Huntridge Teen Clinic	Private Sector	Hos pita..	Attend Consolidated Plan focus groups/public forums durin...	Youth
Jewish Family Service Agency	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
JOb Corps	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Youth
Las Vegas Fighting AIDS in our Community Today	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	HIV/AID S
Las Vegas Indian Center	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Las Vegas Metro PD--HELP Team	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Las Vegas Rescue Mission	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Lutheran Social Services of Nevada	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Mojave Mental Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Nevada Association of Latin Americans	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Nevada Helath Centers	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Nevada Legal Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Nevada HAND	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Nevada Partners	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Nevada Partnership for Homeless Youth	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Nevada State DETR	Public Sector	Loca l w...	Attend Consolidated Plan planning meetings during past 12...	NONE
Nevada State Department of Welfare and Supporti...	Public Sector	Stat e g...	Attend Consolidated Plan planning meetings during past 12...	NONE
O.U.T.R.E.A.C.H. (7 Agency Team)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
S.A.F.E. House	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Domesti c Vio...

Las Vegas/Clark County CoC			COC_REG_v10_000227	
Safe Nest	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Domesti c Vio...
Southern Nevada Adult Mental Health Services	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Straight from the Streets	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Street Teens	Private Sector	Non-pro..	None	Youth
The KEY Foundation	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
The Salvation Army	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
The Shade Tree	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of SN	Private Sector	Fun der ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
University Medical Center	Private Sector	Hos pita..	Attend Consolidated Plan planning meetings during past 12...	NONE
UNR Cooperation Extension	Public Sector	Sch ool ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
US Vets	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
Veterans Administration	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veteran s
Westcare	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Substan ce Abuse
Women's Development Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
S.P.	Individual	Hom eles..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Ab...
Larry Williams	Individual	Hom eles..	Attend Consolidated Plan planning meetings during past 12...	Veteran s
Michelle Zozaya	Individual	Hom eles..	Attend Consolidated Plan planning meetings during past 12...	Substan ce Abuse

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:  
(select all that apply)** a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

**Rating and Performance Assessment Measure(s):  
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):  
(select all that apply)** a. Unbiased Panel/Review Committee, c. All CoC Members Present Can Vote, f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** Yes

**Briefly describe the reasons for the change:**

One of the Domestic Violence providers changed their beds from transitional beds to emergency beds due to the needs they were experiencing with their clients. One agency dissolved, their programs were acquired by a different agency and the target area for the beds were re-structured.

**Safe Haven Bed:** No

**Briefly describe the reasons for the change:**

**Transitional Housing:** Yes

**Briefly describe the reasons for the change:**

New program beds were developed and added to the continuum of care. The CoC received funding from the Nevada State Legislature for capital costs to increase and continue transitional housing programs.

**Permanent Housing:** Yes

**Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:**

New program beds were developed, and one program changed the target population for it's residents to target homeless individuals.

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

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

## Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	eHIC	10/22/2008

# Attachment Details

**Document Description:** eHIC

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

## Instructions:

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

**Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.**

**Indicate the date on which the housing inventory count was completed:** 01/31/2008  
(mm/dd/yyyy)

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

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

**Must specify other:**

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

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used.**

During the CoC provider meeting the HUD formula was presented with an extensive discussion from the providers to determine the most accurate formula to use for our community based on knowledge of the constitution of our homeless population. Our community conducts the unsheltered count every odd year, however we conduct a shelter inventory every year during the last week in January. The shelter/housing inventory was compared to the HMIS input for each agency to verify HMIS coverage.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

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

**CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.**

**Select the HMIS implementation type:** Single CoC

**Select the CoC(s) covered by the HMIS:** NV-500 - Las Vegas/Clark County CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** Yes

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

**Is the HMIS Lead Organization the same as CoC Lead Organization?** No

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

**If "No" select reason:**

**If "Yes" list the name of the product:** MetSYS

**What is the name of the HMIS software company?** MerSYS

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the date on which HMIS data entry started (or will start):** 11/08/2004  
(format mm/dd/yyyy)

**Indicate the challenges and barriers impacting the HMIS implementation:** Inability to integrate data from providers with legacy data systems, Poor data quality, HMIS is unable to generate data for PIT counts for sheltered persons  
(select all the apply):

**If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:**

**Briefly describe the CoC's plans to overcome challenges and barriers:**

- Developing Data Warehousing application to identify data quality issues
- Developing utilization assessment reports, with staff level identification
- Developing automated video training system
- Developing comprehensive web-site and manuals

## HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Administrati...	10/22/2008

## Attachment Details

**Document Description:** HMIS Administration contract with BitFocus

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

Enter the name and contact information for the HMIS Lead Organization.

**Organization Name** Bit Focus  
**Street Address 1** 9101 W. Sahara  
**Street Address 2** #105-158  
**City** Las Vegas  
**State** Nevada  
**Zip Code** 89117  
**Format:** xxxxx or xxxxx-xxxx  
**Organization Type** For Profit  
If "Other" please specify

## 2C. Homeless Management Information System (HMIS)

### Contact Person

**Prefix:**

**First Name** Robert

**Middle Name/Initial**

**Last Name** Herdzik

**Suffix**

**Telephone Number:** 702-614-6690  
**(Format: 123-456-7890)**

**Extension**

**Fax Number:** 702-966-2478  
**(Format: 123-456-7890)**

**E-mail Address:** robh@bitfocus.com

**Confirm E-mail Address:** robh@bitfocus.com

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

### Instructions:

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

**For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.**

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	51-64%

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

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

The CoC is already in conversation with the programs who are not actively using HMIS. The programs not using HMIS have been experiencing a myriad of barriers that may include; staffing issues, fire walls and comfort with the HMIS system. These issues are being addressed on an agency by agency basis.

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

### Instructions:

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

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

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	0%
* Date of Birth	0%	0%
* Ethnicity	10%	0%
* Race	10%	0%
* Gender	0%	0%
* Veteran Status	7%	0%
* Disabling Condition	10%	0%
* Residence Prior to Program Entry	16%	0%
* Zip Code of Last Permanent Address	14%	0%
* Name	0%	0%

**Did the CoC or subset of the CoC participate in AHAR 3?** Yes

**Did the CoC or subset of the CoC participate in AHAR 4?** Yes

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

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

**Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.**

The contractor has developed their own proprietary application that processes each client and assesses their data quality. The report is broken down to the staff level entering data and provides the Executive Director and funding agencies with a report of this email once a month. The Executive Director can identify staff entering poor data quality through this report.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.**

Our reports for system utilization and usage are never strictly based on valid program entry and exit dates. If an intake worker does not complete this information, their data will show on the generated reports. We no longer base reports on initial client creation.

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

### Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

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

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

### Instructions:

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

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

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

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Annually

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Monthly

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

**If 'Yes' indicate date of last review or update by CoC:** 11/27/2007

**If 'No' indicate when development of manual will be completed:**

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

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

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

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

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

### Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency  
Households with Dependent Children - Sheltered Transitional  
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency  
Households without Dependent Children - Sheltered Transitional  
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

**Indicate the date of the last PIT count:** 01/31/2007

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

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	30	255	648	933
Number of Persons (adults and children)	76	866	1,954	2,896
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	869	1,976	5,344	8,189
Number of Persons (adults and unaccompanied youth)	900	2,002	5,619	8,521
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	899	2,231	5,992	9,122

Las Vegas/Clark County CoC			COC_REG_v10_000227	
<b>Total Persons</b>	976	2,868	7,573	11,417

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

### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

**Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.**

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	174	1,309	1,483
* Severely Mentally Ill	888	1,363	2,251
* Chronic Substance Abuse	697	2,473	3,170
* Veterans	835	1,486	2,321
* Persons with HIV/AIDS	19	76	95
* Victims of Domestic Violence	215	545	760
* Unaccompanied Youth (under 18)	128	152	280

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

### Instructions:

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

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

**Annually (every year); Biennially (every other year); Semi-annually (every six months)**

**How often will the CoC conduct a PIT count?** Biennially

**Enter the date in which the CoC plans to conduct its next annual point-in-time count:** 01/29/2009  
(mm/dd/yyyy)

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

**Emergency Shelter providers** 79%

**Transitional housing providers:** 70%

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

### Instructions:

#### Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

#### HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

#### Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

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

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

<b>Survey Providers:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Extrapolation:</b> (Extrapolation attachment is required)	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.**

The basic approach was to identify and contact as many agencies as possible that temporarily house homeless people and request that those agencies send ASR a count of the number of homeless persons housed in their programs on the appropriate nights of the count, in conjunction with the street count. The support and participation from a broad range of agencies, both public and private, was needed to complete the shelter and institution count. These agencies include: Shelters (emergency and transitional), Jails/police departments; Drug and alcohol rehabilitation facilities, Hospitals, and Agencies that house homeless people in voucher hotels and other agencies. This was the first comprehensive homeless count for our CoC. Therefore, we now have a true baseline to determine successes and challenges in the future.

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

### Instructions:

#### HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

#### HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

#### Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

#### Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

#### Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

#### Other:

CoC used a combination of methods.

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

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

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input checked="" type="checkbox"/>
Sample Strategy:	Random Sample
Provider Expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

### If Other, specify:

**Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.**

The 2007 Southern Nevada Homeless Count was performed by using the U.S. Department of Housing and Urban Development (HUD) Recommended practices for counting homeless persons. This comprehensive study included a field enumeration and field surveys. Using the major data components and the results of the surveys, Applied Survey Research (ASR) generated detailed demographic and lifestyle profiles of the homeless people in Southern Nevada.

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

### Instructions:

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

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

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):**

The unsheltered and sheltered homeless counts were coordinated to occur within the same time period in order to minimize the potential effect of duplicate counting. In order to avoid potential duplication of respondents, the survey requested respondents initials and date of birth, so that duplication could be avoided without compromising the respondents anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate potential duplicates. This process examined respondents date of birth, initials, gender, ethnicity, length of homelessness, and consistencies in patterns of responses to other questions on the survey.

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

<b>Public places count:</b>	<input type="checkbox"/>
<b>Public places count with interviews:</b>	<input checked="" type="checkbox"/>
<b>Service-based count:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

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

### Instructions:

#### Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

#### Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

#### Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

**Indicate the level of coverage of the PIT count of unsheltered homeless people:** Complete Coverage and Known Locations

**If Other, specify:**

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

### Instructions:

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

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

<b>Training:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>De-duplication techniques:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the techniques used to reduce duplication.**

The unsheltered and sheltered homeless counts were coordinated to occur within the same time period in order to minimize the potential effect of duplicate counting. In order to avoid potential duplication of respondents, the survey requested respondents initials and date of birth, so that duplication could be avoided without compromising the respondents anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate potential duplicates. This process examined respondents date of birth, initials, gender, ethnicity, length of homelessness, and consistencies in patterns of responses to other questions on the survey.

**Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.**

We have an O.U.T.R.E.A.C.H. Team that is comprised of a partnership of 7 agencies that actively engage the unsheltered homeless, develop a rapport and help the homeless get connected to the appropriate services for their individual needs. This team actively seeks out the chronically homeless and households with children to engage them in services. Many of the homeless service providers have agreed to receive clients referred by the O.U.T.R.E.A.C.H. Team into their program immediately.

The CoC has a strong relationship with the Clark County School District Title I HOPE program, who identifies homeless children and their families and works directly with the service providers to move these families into services as soon as possible.

The CoC provides a Mainstream Programs Basic Training (MPBT) session every year to all providers staff focusing on homeless families with children to ensure that all staff at all service agencies are familiar with mainstream programs and local programs as well as the eligibility criteria in order to ensure that homeless families will receive appropriate referrals no matter what door they enter into the service network.

**Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).**

We have an O.U.T.R.E.A.C.H. Team that is composed of a partnership of 7 agencies that actively engage the unsheltered homeless, develop a rapport and help the homeless get connected to the appropriate services for their individual needs. This team actively seeks out the chronically homeless and households with children to engage them in services. Many of the homeless service providers have agreed to receive clients referred by the O.U.T.R.E.A.C.H. Team into their program immediately.

The Las Vegas Metropolitan Police Department HELP Team is a team of officers and a social worker that specialize in working with the homeless. This team canvases the streets of Clark County to ensure the safety of the homeless as well as to engage them on a daily basis to ensure that when a homeless person is ready to move into a program they have the mechanism in place to move into the appropriate program for their needs.

Nevada Partnership for Homeless Youth and HELP of Southern Nevadas Youth program have outreach teams in the community and in the schools engaging homeless youth. Both of these groups, working together are able to educate the homeless youth and unaccompanied minors of the services available and move them into services.

The most recent homeless count was conducted in 2007. This was the most reliable count that has been conducted to date in the Clark County area. The previous counts including the one conducted in 2005 has questionable outcomes due to the methodology used. Therefore, it is difficult to make a comparison of the past homeless counts to date. With the count planned for 2009, we anticipate being able to make comparisons that will be statistically significant and reliable.

# Attachment Details

## Document Description:

## PIT Attachment

Document Type	Required?	Document Description	Date Attached
PIT Sample Attachment Worksheet	Yes	PIT survey and re...	10/15/2008

# Attachment Details

**Document Description:** PIT survey and results

### 3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Create new PH beds for chronically homeless persons

### Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

#### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Create partnership with Neighborhood Stabilization Grant recipients to develop new permanent housing opportunities for chronic homeless.	Chair, SNRPC CoH
Action Step 2	Develop and collaborate with housing harvesters who will work with affordable housing managers to provide support to the homeless	Housing Workgroup Chair, SNRPC CoH
Action Step 3	Develop scattered housing harm reduction supportive sites	Continuum of Care Coordinator, SNRPC CoH

#### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	318
Numeric Achievement in 12 months	330
Numeric Achievement in 5 years	381
Numeric Achievement in 10 years	451

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Require as a performance objective to service providers receiving funding	Chair, SNRPC CoH
Action Step 2	Develop partnerships that offer medical/substance abuse/mental health assistance to those ineligible for traditional programs	Regional Homeless Coordinator, SNRPC CoH
Action Step 3	Offer a sponsorship/mentoring program for congregations to assist homeless families	Chair, Community Interfaith Council

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	71
Numeric Achievement in 12 months	72
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	80

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Increase percentage of homeless persons moving from TH to PH to at least 63.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Provide programs to assist people who have poor work, credit and or criminal histories	Regional Homeless Coordinator, SNRPC CoH
Action Step 2	Require as a performance objective to service providers receiving funding	Chair, SNRPC CoH
Action Step 3	Provide access to mainstream benefits and other services to improve stability and self sufficiency	Regional Homeless Coordinator, SNRPC CoH

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	51
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	67
Numeric Achievement in 10 years	70

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Increase percentage of homeless persons employed at exit to at least 19%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Require as a performance objective to service providers receiving funding	Chair, SNRPC CoH
Action Step 2	Increase access to employment and training opportunities to provide linkages to jobs	Regional Homeless Coordinator, SNRPC CoH
Action Step 3	Create one stop shops that offer educational programs specifically for homeless	Regional Homeless Coordinator, SNRPC CoH

**Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	22
Numeric Achievement in 12 months	24
Numeric Achievement in 5 years	26
Numeric Achievement in 10 years	28

**CoC 10-Year Plan, Objectives and Action Steps Detail****Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Decrease the number of homeless households with children

**Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing****2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Provide niche programs that address issues specific to families	Regional Homeless Coordinator, SNRPC CoH

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<b>Action Step 2</b>	Collaborate with homeless liaisons in public school system to provide resources to homeless families	Regional Homeless Coordinator, SNRPC CoH
<b>Action Step 3</b>	Develop community resources to support payment of application fees, deposits, move-in costs, relocation fees and other housing related needs	Regional Homeless Coordinator, SNRPC CoH

### Proposed Numeric Achievements

	%/Beds/Households
<b>Baseline (Current Level)</b>	933
<b>Numeric Achievement in 12 months</b>	886
<b>Numeric Achievement in 5 years</b>	700
<b>Numeric Achievement in 10 years</b>	373

## 3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

### Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

**Foster Care Discharge Protocol:** Formal Protocol Implemented

**Health Care Discharge Protocol:** Protocol in Development

**Mental Health Discharge Protocol:** Protocol in Development

**Corrections Discharge Protocol:** Protocol in Development

## 3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

**For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.**

### **Foster Care Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

The Division of Child and Family Services is responsible for the oversight of all independent living programs in Nevada. The goal of Nevadas Independent Living Program is to provide children making the transition from placement to independence with the skills and resources necessary to make them independent and productive members of society. Nevadas Independent Living Program is a set of services available to all foster youth between the ages of 15.5 until the age of 21. Nevadas Independent Living Program does not refer foster youth to HUD McKinney-Vento funded programs. The Division considers all eligible foster youth to include those youth who are in the care and custody of the Division, Washoe County Department of Social Services, or Clark County Department of Family Services. The Division considers foster care to be the legal status of the child. The physical placement of the child does not determine the eligibility for independent living services. Independent living services may continue with the child after permanency has been achieved, depending on the needs of the child. There are instances where the youth turns 18 and refuses further services from the Foster Care system or they may runaway and not able to be located. In these cases, the Wardship is terminated.

### **Health Care Discharge**

**For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.**

A Health Care workgroup was formed and will continue to meet on a regular basis in order to develop formal discharge protocols for all hospitals throughout the state, with the focus being on safe, stable housing upon discharge into non-HUD McKinney-Vento funded programs. Those represented in the planning group are the Clark County Hospital and Medical Centers, Saint Marys Regional Medical Center/CHW in Reno, private for profit and non-profit hospitals throughout the state, various health centers throughout the state, non-profit homeless providers throughout the state and CoC representatives from each continuum within the State of Nevada.

### **Mental Health Discharge**

**For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.**

A Mental Health workgroup was formed from the Statewide Discharge Planning Summit held in 2007. This group has met on a regular basis and is developing formal discharge protocols for all mental health and substance abuse facilities throughout the state, with the focus being on safe, stable housing upon discharge into non-HUD McKinney-Vento funded programs.

Clients admitted to the mental health in-patient system are assigned a Social Worker to facilitate discharge to a safe environment. The Social Worker begins their discharge process at the time of admission. The client is assisted in securing identification and any other documentation necessary upon discharge. The Social Worker assesses the clients discharge needs, refers the client to outpatient services, identifies and mobilized community resources and ensures client has the necessary appointments and aftercare needs met. Reconciliation with family members is encouraged whenever possible and transportation is provided to reunite clients with family and friends who may be in a different geographic area.

The Mental Health and Substance Abuse Discharge workgroup is meeting on a regular basis to develop formal protocols that will be consistent throughout the State of Nevada.

### **Correction Discharge**

**For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.**

A Corrections workgroup was formed from the Statewide Discharge Planning summit held in 2007. The CoC applied to HUD and was granted TA around corrections discharge. The Corrections workgroup has met several times this past year and has plans to aggressively address issues around discharge planning in order to develop formal discharge protocols for all correctional facilities throughout the state, with the focus being on safe, stable housing upon discharge into non-HUD McKinney-Vento funded programs.

Clark County and the City of Las Vegas Detention and Enforcement have been working jointly to implement a discharge plan for the homeless inmates. This plan and its implementation are in the beginning stages.

The Department of Corrections (DOC) for the State of Nevada has policies and procedures in place to ensure that persons leaving publicly funded institutions or systems of care do not end up homeless when discharged from the facility. Nevada Revised Statutes, states that the Director of the Department of Corrections (DOC) may enter into contracts with one or more public or private entities to provide services, as necessary and appropriate, to offenders or parolees participating in a program.

### 3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster care disch...	10/15/2008
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

## Attachment Details

**Document Description:** Foster care discharge protocol

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:**

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:**

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:**

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

### 3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

**Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the Consolidated Plan:**

- Foster self-sufficiency through access to education, training and employment opportunities.
- Increase the availability of stable and sustainable housing.
- Facilitate the transition from homelessness through intensive case management.
- Support coordination of discharge planning and follow-up between hospitals and homeless services.

**Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?** Yes

**Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the 10-year plan(s):**

- Increase the access and availability of supportive transitional and permanent housing.
- Improve placement services for housing individuals coming out of hospitals, mental health institutions, jails, prisons and the child care system.
- Increase access to mainstream service for youth, individuals and families.
- Increase the income of the poor through education and training.
- Implement a Housing First strategy.

### 3F. Hold Harmless Need (HHN) Reallocation

**Instructions:**

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

**Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?** No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

## 4A. Continuum of Care (CoC) 2007 Achievements

### Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	291	Beds	318	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	85	%	71	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	64	%	51	%
Increase percentage of homeless persons employed at exit to at least 18%	25	%	22	%
Ensure that the CoC has a functional HMIS system	50	%	58	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	1,979	214
2007	1,483	220
2008	1,483	318

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 98

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$639,047				\$272,953
Operations	\$103,373			\$1,515,071	
<b>Total</b>	\$742,420	\$0	\$0	\$1,515,071	\$272,953

## 4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	98
b. Number of participants who did not leave the project(s)	266
c. Number of participants who exited after staying 6 months or longer	58
d. Number of participants who did not exit after staying 6 months or longer	200
e. Number of participants who did not leave and were enrolled for 5 months or less	66
<b>TOTAL PH (%)</b>	<b>71</b>

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	739
b. Number of participants who moved to PH	377
<b>TOTAL TH (%)</b>	<b>51</b>

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

**Total Number of Exiting Adults: 963**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	129	13 %
SSDI	52	5 %
Social Security	83	9 %
General Public Assistance	6	1 %
TANF	17	2 %
SCHIP	1	0 %
Veterans Benefits	72	7 %
Employment Income	213	22 %
Unemployment Benefits	5	1 %
Veterans Health Care	19	2 %
Medicaid	115	12 %
Food Stamps	152	16 %
Other (Please specify below)	8	1 %
child support, pension, disability insurance, 401K, Medicare		
No Financial Resources	380	39 %

**The percentage values are automatically calculated by the system when you click the "save" button.**

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

### Instructions:

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

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

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** Yes

## 4E. Section 3 Employment Policy Detail

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

If Yes to above question, click save to provide activities

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

Preference policy for hiring low and very low income persons residing in the service area, Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Establish a preference policy for Section 3 for competitive contracts >\$100,000

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

**Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs?** Yes

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

All CoC providers submit a copy of their APR to the Continuum of Care Coordinator who reviews and presents them to the CoC Evaluation Working Group. If an agency appears to need TA, the CoC coordinator is instructed to meet with that agency.

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

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

The providers meet monthly to discuss the barriers to accessing mainstream programs and identify the training needs of case managers. Mainstream Programs Basic Training is held every month for 4 hours to insure that all providers have access to how to enroll clients in mainstream programs as well as what constitutes an appropriate referral to other services in the community. Each month, the Mainstream Programs Basic Training (MPBT) focuses on a different aspect of clients and their needs. Each 4 hour meeting of MPBT focuses on one of the following topics; income supports (1/23/08), employment services(2/27/08), chronically homeless (3/26/08), legal services (4/23/08), senior services(5/28/08), families with children (6/25/08), health care (11/28/07 & 7/23/08), housing resources(9/26/07 & 8/27/08), disabled (9/24/08), homeless youth(8/22/07 & 10/22/08) or addictions and mental health (10/24/07).

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** No

**If yes, identify these staff members**

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

**If "Yes", specify the frequency of the training.** Monthly or more

**Does the CoC uses HMIS to screen for benefit eligibility?** No

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

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

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

3/16/07; 3/22/07; 8/7/07; 8/20/07; 8/27/07; 9/12/07; 9/27-28/07; 10/29-30/07;  
11/26-27/07; 12/13-14/07; 1/10&16/08; 2/19-20/08; 3/18-19/08; 8/19-20/08

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

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

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	75%
Case managers from each non-profit assist clients in filling out and submitting applications for mainstream programs	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	50%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	0%
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	65%
<b>4a. Describe the follow-up process:</b>	
The clients who have applied for mainstream services continue to receive services from the homeless assistance providers until they are approved for mainstream services and in many cases they provide case management services even after mainstream services have been approved and are being received by the client.	

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

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

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

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

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

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

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

## Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>)</p>	No
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	Yes
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	Yes
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	Yes

## Part A - Page 3

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

## Continuum of Care (CoC) Project Listing

### Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Pathways	2008-10-23 13:45:...	2 Years	The Salvation Arm...	859,900	Renewal Project	SHP	TH	F11
SHP -Las Vegas Ge...	2008-10-23 09:08:...	2 Years	HELP Las Vegas Ho...	311,562	Renewal Project	SHP	PH	F12
Sky View Pines Ap...	2008-10-13 14:35:...	2 Years	Nevada H.A.N.D., ...	639,047	New Project	SHP	PH	S1
HUD I	2008-10-20 14:50:...	1 Year	state of nevada	839,508	Renewal Project	S+C	TRA	U15
St. Vincent HELP ...	2008-10-22 17:55:...	2 Years	St. Vincent HELP ...	173,758	Renewal Project	SHP	TH	F8
Rapid Rehousing	2008-10-23 14:09:...	3 Years	Housing Authority...	1,278,094	New Project	SHP	TH	R2
Transitiona l Hous...	2008-10-21 02:27:...	2 Years	Henderson Allied ...	315,287	Renewal Project	SHP	TH	F6
Homeless to Home	2008-10-07 13:14:...	3 Years	The Shade Tree, Inc.	250,608	New Project	SHP	TH	F5
Supportive Housin...	2008-10-14 16:09:...	1 Year	Lutheran Social S...	104,556	Renewal Project	SHP	TH	F14
Youth Services	2008-10-14 23:56:...	3 Years	HELP of Southern ...	609,062	Renewal Project	SHP	TH	F4
Promises to Keep	2008-10-13 15:22:...	3 Years	Family Promise of...	848,967	New Project	SHP	PH	F3
Veterans In Progress	2008-10-22 14:23:...	3 Years	United States Vet...	357,002	Renewal Project	SHP	TH	F10
HIP for Youth	2008-10-07 13:13:...	3 Years	The Shade Tree, Inc.	164,328	New Project	SHP	TH	F9

Las Vegas/Clark County CoC							COC_REG_v10_000227	
CHAMPs - Chronica...	2008-10-21 22:41:...	1 Year	United States Vet...	161,524	Renewal Project	SHP	TH	F13
St. Vincent HELP ...	2008-10-22 18:00:...	2 Years	St. Vincent HELP ...	101,509	Renewal Project	SHP	TH	F7
HUD III	2008-10-20 14:54:...	1 Year	state of nevada	273,876	Renewal Project	S+C	TRA	U17
HUD II	2008-10-20 14:52:...	1 Year	state of nevada	172,860	Renewal Project	S+C	TRA	U16

## Budget Summary

<b>FPRN</b>	\$4,258,063
<b>Rapid Re-Housing</b>	\$1,278,094
<b>Samaritan Housing</b>	\$639,047
<b>SPC Renewal</b>	\$1,286,244
<b>Rejected</b>	\$0