Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy. - New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms. - There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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 HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration):	CA-501 - San Francisco CoC
CoC Lead Agency Name:	San Francisco Local Homeless Coordinating Board

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

Instructions:

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

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

Name of primary decision-making group: San Francisco Local Homeless Coordinating Board

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

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

Specify "other" legal status:

The San Francisco Board of Supervisors passed a resolution instituting the Local Homeless Coordinating Board (LHCB), approving its bylaws, and outlining the LHCB's form and function as the City's policy body on homelessness. Per the resolution, the LHCB's purpose is to work, within a Housing First Model, towards developing a continuum of services where the ultimate goal is to prevent and eradicate homelessness in the City and County of San Francisco. All efforts are aimed at permanent solutions, and the range of services is designed to meet the unique and complex needs of individuals who are threatened with or currently experiencing homelessness.

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) 89%

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

Elected:	
Assigned:	
Volunteer:	
Appointed:	X
Other:	

Specify "other" process(es):

Not Applicable

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

San Francisco's process creates a flexible, effective governing body with representation from relevant sectors. The nine voting members of LHCB are selected through an open and fair appointment process: the Board of Supervisors appoints four; the Mayor appoints four; and the City Controller appoints one. Stakeholders identify potential members and suggest them for appointment. The members are representative of: disabled community, homeless/formerly homeless persons, community/advocacy organizations, service providers, business/corporate sectors, and foundation community. Other community members, both public and private, can be non-voting members and participate in LHCB committees. City departments attend LHCB meetings and provide testimony.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

Not Applicable

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

San Francisco's Human Services Agency (HSA) acts as grantee for approximately 2/3 of the Homeless Assistance grants received in San Francisco and, accordingly, already provides project oversight and monitoring for certain grants in that role. The LHCB is willing to explore the possibility of providing additional project oversight and support, possibly through HSA. The LHCB notes, however, that such responsibilities would require significant funding to adequately perform those duties, and would consider carefully the costs and benefits to taking on additional responsibilities.

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

Instructions:

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Local Homeless Coordinating Board (LHCB)	The LHCB is the CoC¿s primary decision-making body. The LHCB does overall CoC planning, including but not limited to: overseeing annual CoC application (Ex 1, project prioritization), monitoring project performance and systemic outcomes, reviewing HMIS reports, indentifying needs/gaps, commenting on legislation, monitoring CoC Plan progress, leading homeless count, gathering community input, and assuring our City maintains a CoC strategy that provides quality housing and services for homeless persons. In 2010, the LHCB worked intensely on improving HMIS, implementing HPRP, increasing access to PH by TH residents, improving shelter quality of care, local budget process, and establishing community-wide APR measures for CoC-funded projects.	Monthly or more
LHCB Funding Committee (Resources, Project Review & Performance)	The Funding Committee oversees efforts to secure and sustain funding for the entire CoC. The Committee is chaired by LHCB members (who report Committee activities to the LHCB monthly) but is composed of community members. This Committee, guided by the CoC Plan, establishes the priorities and process for the annual funding competition, including procedures and scoring tools. This Committee also works to secure mainstream resources to fund homeless housing/services and support the needs of homeless people. This year, the Committee monitored local budget negotiations, reviewed the PSH pipeline, worked closely with transitional housing providers to improve outcomes, and held a series of forums to determine system-wide performance measurements.	Bi-monthly

Shelter Monitoring Committee (Transforming Crisis Response System)	The LHCB is committed to improving crisis systems of care in our City, and continued to work on the issue of shelter access through and with the Shelter Monitoring Committee (SMC). The SMC monitors the City's shelters and resource centers and provides comprehensive information about the conditions and operations in the shelters to various City bodies. Pursuant to local legislation establishing minimum health standards in publicly funded shelters, the SMC measures the conditions of the shelters against legislated standards. The work of the SMC is incorporated into the CoC Plan. Four of the seats on the SMC are appointed by the LHCB and the Committee regularly reports to the LHCB.	Monthly or more
HPRP Roundtable (Prevention & Rehousing Systems of Care)	LHCB, together with the Human Service Agency, various housing and service providers, the Mayor¿s Office, HMIS staff, and others, meets to discuss the form and impacts of HPRP programs and other locally- or HUD-funded prevention and rehousing programs, preparing for the transition from HPRP to ESG and other resources. This year, the Roundtable has revised eligibility criteria and division of resources. The Roundtable engages in a wider mainstreaming discussion with Workforce Investment Board, Child Welfare Services, CalWORKS (TANF), Adult and Aging Services, THP Plus (youth), Veterans Administration, and the United Way.	Monthly or more
LHCB Policy Committee (Legislation & Systems Transformation)	Policy Committee coordinates the LHCB's city, state, and federal policy responses to legislation and alerts government bodies to experiences of San Francisco's homeless population or concerns of stakeholders. The Committee is chaired by LHCB members (who report Committee activities to the whole LHCB) but is composed of community members. This Committee has led the CoC¿s work on HEARTH. This year, the Policy Committee focused its efforts the San Francisco Housing Authority eviction policy, proposed legislation about standard of care, and overseeing the rental subsidy program. The Committee also reviewed methods for collecting data about shelter services and outcomes.	quarterly (once each quarter)

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
San Francisco Human Services Agency (department...	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Youth, Serio...
Tenderloin Neighborhood Development Corporation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Serio...
Catholic Charities CYO (including Family Evicti...	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, HIV/AIDS
The Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Hamilton Family Center (including First Avenues...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Domes...
Arriba Juntos	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Swords to Plowshares Veterans Rights Organization	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Northern California Service League	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Subst...
Community Housing Partnership (Including Iroquois)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
St. Anthony's Foundation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Ab...
U.S. Department of Veterans Affairs	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans
Senior Action Network	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Mission Neighborhood Health Center (with Missio...	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, HIV/AIDS

Springwater Investments LLC	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Larkin Street Youth Services	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, HIV/AIDS
UC San Francisco Medical Center	Private Sector	Hospita...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Chinatown Community Development Center/SRO Fami...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Se...
La Casa de las Madres	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Domes...
San Francisco Bar Association/ Homeless Advocac...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Se...
Compass Community Services (including Connectin...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Domes...
St. Vincent de Paul Society (including MultiSer...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
San Francisco Department of Public Health (incl...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Glide Foundation/Glide Memorial United Methodis...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans, Youth
Tenderloin Housing Clinic	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Supportive Housing Employment Collaborative	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Lutheran Social Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Episcopal Community Services	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Se...
Central City Hospitality House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Walden House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
San Francisco Network Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
United Council of Human Services (including Bay...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Se...

Community Awareness and Treatment Services (inc...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Integrated Services Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
San Francisco Revival Ministry (and SF Homeless...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Jelani Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
AIDS Housing Alliance	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
Coalition on Homelessness	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Housing Rights Committee	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Providence Foundation (including Providence Bap...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Subst...
Mayor's Office	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of the Bay Area (including Honoring ...	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Western Regional Advocacy Project	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
University of California San Francisco (UCSF) (...	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Dolores Street Community Services	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
Positive Directions Equal Change	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Tenderloin Health	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Ab...
Conard House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
San Francisco Police Department	Public Sector	Law enf...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Bernal Heights Neighborhood Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...

Homeless Employment Collaborative	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
AIDS Legal Referral Panel	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Goodwill Industries of San Francisco, San Mateo...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Su...
North Beach Citizens	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
San Francisco Training Partnership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Su...
San Francisco Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Self-Help for the Elderly	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Tenderloin Self Help Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Eviction Defense Collaborative	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Mercy Housing	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Mission Housing Development Corporation	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth, Serio...
TODCO Development Co. (GP/TODCO A, Inc.)	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Mo' Peace	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes...
Charles P	Individual	Homeless	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Law Offices of Joseph L. Alioto and Angela Alioto	Private Sector	Businesses	Lead agency for 10-year plan, Attend 10-year planning mee...	Seriously Me...
John Stewart Company	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Tomas P.	Individual	Formerl...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

Maxine P.	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Reentry Council of the City/County of San Franc...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Shelter Client Advocates	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Toolworks	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Asian Women's Shelter	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
Bay Area Legal Aid	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Citizens Housing Corporation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
City College of San Francisco	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Council of Community Housing Organizations (CCHO)	Private Sector	Funder ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Haight Ashbury Neighborhood Council	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
HomeBase	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Office of Civic Engagement and Immigrant Affairs	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Tenderloin Workforce Center	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Mid Peninsula Housing Coalition	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Nancy C	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
RMD Housing	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
San Francisco State University TWHC/MPA	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Workforce Investment Community Advisory Committ...	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
U.S. Census Bureau	Public Sector	Other	Committee/Sub-committee/Work Group	NONE

Nancy C	Individual	Homeless	Committee/Sub-committee/Work Group	NONE

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	San Francisco Human Services Agency (departments who attended meetings this year include: Homeless Programs, Workforce Development, CalWORKS (TANF), TBRA, Medi-Cal, County Adult Assistance Program, Aging and Adult Services)
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes

Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Street Outreach, Life Skills, Child Care, Mortgage Assistance, Mental health, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Tenderloin Neighborhood Development Corporation
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes

Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Child Care, Life Skills

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Catholic Charities CYO (including Family Eviction Prevention Collaborative, Leland House, St. Joseph's Family Center, Treasure Island Supportive Housing, Rita da Cascia/Positive MATCH)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, HIV/AIDS, Rental Assistance, Soup Kitchen/Food Pantry, Child Care, Life Skills, Prescription Assistance, Healthcare, Mental health, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	The Salvation Army
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Hamilton Family Center (including First Avenues, Dudley, Hamilton Transitional)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations

Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Arriba Juntos
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations

Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Case Management, Soup Kitchen/Food Pantry, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Swords to Plowshares Veterans Rights Organization
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations

Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Northern California Service League
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations

Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Child Care, Law Enforcement, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Community Housing Partnership (Including Iroquois)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations

Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, Rental Assistance, Employment

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	St. Anthony's Foundation
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations

Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Alcohol/Drug Abuse, Rental Assistance, HIV/AIDS, Soup Kitchen/Food Pantry, Life Skills, Healthcare, Mental health, Employment

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Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	U.S. Department of Veterans Affairs
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Other

Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, HIV/AIDS, Employment

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Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Senior Action Network
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations

Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Mission Neighborhood Health Center (with Mission Neighborhood Resource Center)
Type of Membership: (public, private, or individual)	Private Sector

Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Healthcare, Mental health, Alcohol/Drug Abuse, HIV/AIDS, Soup Kitchen/Food Pantry

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Springwater Investments LLC
Type of Membership: (public, private, or individual)	Private Sector

Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Larkin Street Youth Services
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations

Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Law Enforcement, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Street Outreach, Life Skills, Healthcare, Mental health, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	UC San Francisco Medical Center
Type of Membership: (public, private, or individual)	Private Sector

Type of Organization: (Content depends on "Type of Membership" selection)	Hospitals/med representatives
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Case Management, Healthcare, Alcohol/Drug Abuse, HIV/AIDS

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Chinatown Community Development Center/SRO Families Unite Collaborative
Type of Membership: (public, private, or individual)	Private Sector

Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans, Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Utilities Assistance, Life Skills, Rental Assistance, Soup Kitchen/Food Pantry

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	La Casa de las Madres
Type of Membership: (public, private, or individual)	Private Sector

Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Life Skills, Child Care, Legal Assistance, Alcohol/Drug Abuse

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	San Francisco Bar Association/ Homeless Advocacy Project/ Volunteer Legal Services Project

Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans, Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Legal Assistance

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Compass Community Services (including Connecting Point; Compass Family Center; Positive Parenthood Project; Clara House; Tenderloin Childcare Center)

Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Life Skills, Child Care, Healthcare, Mental health, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	St. Vincent de Paul Society (including MultiService Center Homeless Shelter, Riley Center, Brennan House)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Domestic Violence, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	San Francisco Department of Public Health (including Direct Acces to Housing)
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Street Outreach, Case Management, Healthcare, Prescription Assistance, Mental health, Mobile Clinic, Rental Assistance, Alcohol/Drug Abuse, HIV/AIDS

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Glide Foundation/Glide Memorial United Methodist Church (includes San Francisco Training Partnership)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans, Youth
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Rental Assistance, Soup Kitchen/Food Pantry, Street Outreach, Life Skills, Child Care, Prescription Assistance, Healthcare, Mental health, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Tenderloin Housing Clinic
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Legal Assistance, Transportation, Rental Assistance, Soup Kitchen/Food Pantry

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Supportive Housing Employment Collaborative
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Lutheran Social Services
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Mental health, Alcohol/Drug Abuse, Rental Assistance

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Episcopal Community Services
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans, Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Utilities Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, HIV/AIDS, Life Skills, Healthcare, Mental health, Mobile Clinic, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Central City Hospitality House
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment, Soup Kitchen/Food Pantry

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Walden House
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, HIV/AIDS

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	San Francisco Network Ministries
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Domestic Violence, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Healthcare, Prescription Assistance, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	United Council of Human Services (including Bayview Hunter's Point Multi-Service Center, Hope House)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans, Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Transportation, Employment, Soup Kitchen/Food Pantry

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Community Awareness and Treatment Services (including a Woman's Place; Homeward Bound; MacMillan Drop-In Center; Medical Respite; Mobile Assistance Patrol; SF Homeless Outreach Team)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Utilities Assistance, Law Enforcement, Transportation, Rental Assistance, HIV/AIDS, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Street Outreach, Life Skills, Healthcare, Mental health

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Integrated Services Network
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	San Francisco Revival Ministry (and SF Homeless Wiki)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Street Outreach

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Jelani Inc.
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Street Outreach, Case Management, Child Care, Life Skills, Transportation, Alcohol/Drug Abuse

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	AIDS Housing Alliance
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Utilities Assistance, Rental Assistance, HIV/AIDS, Employment

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Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Coalition on Homelessness
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Legal Assistance

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Housing Rights Committee
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Legal Assistance

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Providence Foundation (including Providence Baptist Church)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Child Care, Employment, Soup Kitchen/Food Pantry

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Mayor's Office
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	United Way of the Bay Area (including Honoring Emancipated Youth)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Western Regional Advocacy Project
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	University of California San Francisco (UCSF) (including Citywide Roving Team))
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	School systems/Universities
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Healthcare, Mental health, Mobile Clinic, Alcohol/Drug Abuse, HIV/AIDS

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Dolores Street Community Services
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, HIV/AIDS, Rental Assistance, Employment, Soup Kitchen/Food Pantry

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Positive Directions Equal Change
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Life Skills, Alcohol/Drug Abuse, HIV/AIDS

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Tenderloin Health
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, HIV/AIDS, Alcohol/Drug Abuse, Rental Assistance

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Conard House
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Rental Assistance, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	San Francisco Police Department
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Law enforcement/corrections
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Street Outreach, Law Enforcement

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Bernal Heights Neighborhood Center
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Rental Assistance

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Homeless Employment Collaborative
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Transportation, Employment

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	AIDS Legal Referral Panel
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Legal Assistance, HIV/AIDS

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Goodwill Industries of San Francisco, San Mateo, and Marin Counties
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Case Management, Life Skills, Transportation, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	North Beach Citizens
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Life Skills, Soup Kitchen/Food Pantry

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	San Francisco Training Partnership
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Case Management, Life Skills, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	San Francisco Unified School District
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	School systems/Universities
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Transportation

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Self-Help for the Elderly
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Life Skills, Healthcare, Employment, Soup Kitchen/Food Pantry

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Tenderloin Self Help Center
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Life Skills, Mental health, Rental Assistance, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Eviction Defense Collaborative
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Legal Assistance, Rental Assistance

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Mercy Housing
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Life Skills, Utilities Assistance, Rental Assistance

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Mission Housing Development Corporation
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Case Management, Child Care, Life Skills, Utilities Assistance, Healthcare, Mental health, Rental Assistance, Soup Kitchen/Food Pantry

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	TODCO Development Co. (GP/TODCO A, Inc.)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Life Skills, Utilities Assistance, Rental Assistance

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Mo' Peace
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Charles P
Type of Membership: (public, private, or individual)	Individual
Type of Organization: (Content depends on "Type of Membership" selection)	Homeless
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Law Offices of Joseph L. Alioto and Angela Alioto
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	John Stewart Company
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Utilities Assistance, Rental Assistance

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

Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Tomas P.
Type of Membership: (public, private, or individual)	Individual
Type of Organization: (Content depends on "Type of Membership" selection)	Formerly Homeless
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Maxine P.
Type of Membership: (public, private, or individual)	Individual
Type of Organization: (Content depends on "Type of Membership" selection)	Homeless
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Reentry Council of the City/County of San Francisco
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Shelter Client Advocates
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Toolworks
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Life Skills, Employment

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Asian Women's Shelter
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Legal Assistance, Transportation, Soup Kitchen/Food Pantry

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Bay Area Legal Aid
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Legal Assistance

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Citizens Housing Corporation
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Rental Assistance

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	City College of San Francisco
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	School systems/Universities
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Council of Community Housing Organizations (CCHO)
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Haight Ashbury Neighborhood Council
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	HomeBase
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Office of Civic Engagement and Immigrant Affairs
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Tenderloin Workforce Center
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Case Management, Life Skills, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Mid Peninsula Housing Coalition
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Utilities Assistance, Rental Assistance

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Nancy C
Type of Membership: (public, private, or individual)	Individual
Type of Organization: (Content depends on "Type of Membership" selection)	Homeless
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	RMD Housing
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Utilities Assistance, Rental Assistance

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	San Francisco State University TWHC/MPA
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	School systems/Universities
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Workforce Investment Community Advisory Committee (WICAC)
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local workforce investment act boards
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	U.S. Census Bureau
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Other
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Nancy C
Type of Membership: (public, private, or individual)	Individual
Type of Organization: (Content depends on "Type of Membership" selection)	Homeless
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	Yes

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

A person filed multiple complaints under San Francisco's Sunshine Ordinance (requiring that the deliberation of public bodies be open to the public) on the grounds that a meeting was not conducted in a fair and open manner, that the door to the building is staffed by a guard, and that the CoC email list is not open to all. The complaint was addressed by local government via the procedures used to address Sunshine complaints. The listserve is open to all interested parties, and the door is staffed by a guard, but meetings are open to all.

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

A City-wide funding crisis has affected several agencies heavily, especially the Dept. of Public Health. As of January, we had a net decrease 152 year-round beds (115 individual beds, and 37 family beds), and a net increase of 25 seasonal beds.
1) St. Joseph's Family Center, -3 beds;
2) Compass Family Center, -16 beds (from 62 to 46) because of a change in the program site;
3) DPH Stabilization Units, -115 beds (from 340 to 225) because of local budget cuts;
4) La Casa de Las Madres, +2 beds;
5) Providence Shelter, -20 year round beds (from 125 to 105), transferring them to seasonal beds, to make better use of its space;
6) Family Shelter program, +25 seasonal beds;
7) Winter Shelter, -20 seasonal beds.

Safe Haven: No

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

No change - A Woman's Place remains only Safe Haven facility.

Transitional Housing: Yes

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

We had a net gain of 65 TH beds, due mostly to redefining three Larkin Street programs as serving homeless youth, while other projects changed their population to not homeless-specfic or closed during the year.
1) Gum Moon Residence Hall, -19 beds (from 30 to 11), because it does not serve exclusively homeless people;
2) Three Larkin Street projects are serving homeless youth, which resulted in +102 units (After Care (35), LEASE (45), and Rouz (22));
3) Ark House (15 beds), which served LGBTQQ youth closed;
4) Two programs made adjustments to their housing configuration. Castro Youth Housing Initiative reduced 1 bed (from 23 to 22); SafeHouse for Women reduced 2 beds (from 12 to 10).

Permanent Housing: Yes

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

Despite economic conditions, PSH was maintained and additional units were made available this year, with a net gain of 667 PSH units and a net gain of 365 CH units. Some highlights:
1) Several housing sites reclassified existing beds, netting an additional 70 PSH beds and an additional 85 CH beds.

2) CCCYO had duplicated units on the previous HIC, which was corrected with a loss of 110 PH beds.

3) New Projects included 192 family beds, 269 CH beds, 50 senior beds, 70 veteran vouchers, 33 beds for single women, and 92 individual beds.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, HMIS

Must specify other:

Not Applicable

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

Specify "other" data types:

Not Applicable

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

LHCB reviewed community plans, wait lists, lost units, homeless count and school district data, and shared other information to determine unmet need. We used the same calculation method that we did last year. Our City needs services and housing options, including ES, TH and PSH, but also including, housing access services, payee services, prevention services, residential treatment, and at least 861 family units and 1047 individuals units of affordable housing for homeless people. Families doubled up or living in SROs are not reflected in this calculation, so family need is likely higher.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	CA-501 - San Francisco CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	CHANGES/DOMUS
What is the name of the HMIS software company?	Purchased from DOMUS, maintained by HSA IT staff
Does the CoC plan to change HMIS software within the next 18 months?	Yes
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	01/31/2003
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Other, Inadequate resources

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

Not applicable

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

Currently, our largest challenge involves integrating all of the changes and updates to HMIS and HPRP, which were introduced in a fairly short period of time. These include: integrating the new data standards, training users about those changes, building new AHAR reports to include PSH, building the HPRP APR, and building the new McKinney APR. Also, as a CoC that operates a 'home-built' system, we do not receive the same advance information provided to HMIS vendors, which shortens the time available to implement changes. The financial burden of re-writing software and building new reports continues to challenge us because of fiscal constraints at the local level. SF will continue to test all of the changes that were made in our local HMIS and train users on data collection and data entry. New AHAR and APR reports will be thoroughly tested. This year, we will begin the exploration of a change in HMIS software from the current 'home-grown' system to one marketed by a national vendor.

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

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

Organization Name	Human Services Agency - Housing & Homeless Programs
Street Address 1	PO Box 7988
Street Address 2	
City	San Francisco
State	California
Zip Code **Format: xxxxx or xxxxx-xxxx**	94120
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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

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

Prefix:	Mr.
First Name	Bernhard
Middle Name/Initial	
Last Name	Gunther
Suffix	
Telephone Number: (Format: 123-456-7890)	415-557-6486
Extension	
Fax Number: (Format: 123-456-7890)	415-557-6033
E-mail Address:	Bernhard.Gunther@sfgov.org
Confirm E-mail Address:	Bernhard.Gunther@sfgov.org

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC¿s HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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 additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	86%+
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

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

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	4%	8%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	3%	9%
* Disabling Condition	3%	9%
* Residence Prior to Program Entry	6%	4%
* Zip Code of Last Permanent Address	7%	12%
* Name	0%	0%

How frequently does the CoC review the quality of client level data? At least Annually

How frequently does the CoC review the quality of program level data? At least Quarterly

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

Data quality improvements remain a function of training and program oversight. Each new HMIS user is provided with some initial training and access to technical assistance by telephone and email. On-site training and discussion with users is ongoing as requested by participating agencies. In addition, on a monthly basis, HMIS Staff choose and review client records for a specific program type. If the data quality is not sufficient, HMIS Staff discuss data quality with provider management and provide training and support as necessary to collect and input better data. HMIS Staff also do a more global, in-depth quarterly review of data quality with similar follow-up.

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

Many of the HMIS participating agencies have a contractual requirement to participate in HMIS and keep all client data current and correct. HMIS staff conduct a thorough analysis on a quarterly basis to review data quality, program capacity, and program participation. HMIS meet with or contact agency staff to discuss any findings of concern, including findings related to invalid entry/exit dates, and provide support to correct data and comply with contractual requirements. In addition, the HMIS software requires valid program entry and exit dates when new records are created, when information is updated, and when clients are discharged.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)	2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans
Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)	2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?	No

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Monthly
Point-in-time count of sheltered persons:	At least Monthly
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Annually
Using data for program management:	At least Annually
Integration of HMIS data with data from mainstream resources:	Never

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?	At least Monthly
How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?	At least Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	09/01/2008
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

*** Privacy/Ethics training**	At least Monthly
*** Data Security training**	At least Monthly
*** Data Quality training**	At least Monthly
*** Using Data Locally**	At least Quarterly
*** Using HMIS data for assessing program performance**	At least Annually
*** Basic computer skills training**	Never
*** HMIS software training**	At least Monthly

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

How frequently does the CoC conduct a point-in-time count? biennially (every other year)

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 90-99%

Transitional Housing: 80-89%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

From the 2007 homeless count, the number of persons in the sheltered population increased by 480. One reason for the increase was the opening of 307 DPH stablization rooms, rooms in SRO hotels used to provide short-term, intensive case management to unsheltered persons before they move into PH. Budget cuts led to a subsequent reduction in rooms. Interim housing usage rates are quite high in SF. Providers reported increased requests for housing at the time of the count, especially emergency shelter for families.

The number of unsheltered homeless persons increased slightly, by 6%. While the methodology was consistent between 2007 and 2009, the 2009 count included methodological improvements in the enumeration of persons living in vehicles and encampments and a substantial increase in the use of trained outreach workers to assist community volunteers in counting the unsheltered population. We also engaged new partners, including Resource Centers. The increase in count staffing may have contributed in part to the increase in street population. In addition, in 2009, service providers reported increased requests for services and housing, which may be related to economic conditions, unemployment, and housing loss. In 2008-9, there were cuts to homeless housing and services programs across the region, which may have affected the number of people in San Francisco who were unsheltered. Despite a budget crisis, San Francisco maintained its PSH units.

2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations:Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on ¿guesstimates.¿ CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Not Applicable

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).

LHCB staff contacted each shelter and transitional housing provider in San Francisco prior to the count, training them by phone on the process for the count. Staff then sent instructions and a survey to each provider, and directed providers to submit the survey the night of the count. In the days that followed the count, LHCB staff followed up with providers that did not send their survey.

LHCB staff then reviewed the submitted surveys, validating submitted surveys using: HMIS (where applicable), prior years surveys, the Housing Inventory Chart, and other data, to determine if the information submitted was complete and accurate. Where discrepancies were found, LHCB staff contacted provider staff to discuss the issues. Discrepancies might include reporting on more people than the provider has beds in HMIS, a drastic change in the breakdown of household types since the last count, or other like changes.

When data was complete, LHCB staff aggregated the surveys producing an accurate sheltered homeless count.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation:Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Not Applicable

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

When LHCB staff contacted each shelter in San Francisco prior to the count to train them by phone, the shelters learned about the subpopulation categories, who would be appropriately counted in the various populations, and were asked to include subpopulation data in their survey. Providers completed the survey based on the information they had collected from the clients, and their own observations. LHCB staff ensured that each interim housing site submitted a survey, and if they did not, reminded the providers repeatedly to submit the survey.

LHCB staff then reviewed the submitted surveys, validating submitted surveys using prior years surveys and other data, to determine if the information submitted was complete and accurate. Where discrepancies were found, LHCB staff contacted provider staff to discuss the issues. Discrepancies might include: reporting on more persons in one subpopulation than were reported in total, a drastic change in subpopulations since the last count, or other like changes.

When data was complete, LHCB staff aggregated the surveys producing an accurate sheltered subpopulations homeless count. As LHCB prepares for the next count, additional methods to further improve data quality are under exploration.

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count: (select all that apply)

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

If Other, specify:

Not Applicable

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

Each program submitted one program-wide survey reflecting the number of people and populations that they were serving the night of the Homeless Count, and LHCB staff¿s instructions asked programs to report about the people they provided sleeping space for that night only. Due to the procedures for accessing a shelter bed, which include making a bed reservation on the City-wide system, and the demand for shelter beds in San Francisco, it is highly unlikely an individual could be admitted in more than one shelter on a given night. Agencies use a biometric finger image, social security number, and the client's name to check them into a shelter bed and maintain bed rosters for the night. If someone left a shelter, shelter staff would have noted their absence in the data system.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on ¿guesstimates.¿ CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Applied Survey Research (ASR) was retained to work with the SF Human Services Agency to develop and undertake the count and survey.
Unsheltered Count: A visual point-in-time count of unsheltered homeless persons living outdoors, in vehicles, in makeshift structures or encampments, and in other structures or areas not intended for human habitation, conducted over a four-hour time window (8 p.m. to midnight) on the night of January 27, 2009.
Survey: A survey of homeless individuals followed the count, taking place over a three week period in February. A trained team of paid, currently and formerly homeless survey workers and unpaid community volunteers administered a comprehensive survey to self-identifying homeless individuals, primarily in outdoor locations throughout the City. The survey elicited information about the homeless population's demographics, history of homelessness, living conditions, barriers to overcoming homelessness, and use of homeless services. The survey team employed a random selection process, approaching every third person they considered to be eligible for the survey. Overall, 95% of individuals approached agreed to participate in the survey. The survey team successfully completed surveys with 534 individuals encountered across all of San Francisco's supervisorial districts.

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:	Complete Coverage

If Other, specify:

Not Applicable

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are knows as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

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

If Other, specify:

Not Applicable

Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

In order to reduce count duplication, first, the count was scheduled at a time of day when the shelters were open and aligned with curfew times, so that no duplication would occur between the sheltered and unsheltered counts. The count was also scheduled for a time of day when people were unlikely to move between count zones. Next, trainers provided counting teams with very detailed, sophisticated maps created by GPS mapping software, trained them how to use the maps correctly and how to avoid duplication, including that the teams should not count any person who was located in another area. The maps were color-coded and had grayed out areas to indicate where the counting team should not count.

In order to avoid potential duplication of survey respondents, the survey queried 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 in the survey.

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

San Francisco works to reduce the number of unsheltered families through many avenues. San Francisco's centralized intake system, Connecting Point, reaches out to and works with all homeless families in San Francisco. Connecting Point links families to emergency housing, services, and referrals to permanent housing. The CoC also works with the Homeless Education Liaison of the San Francisco Unified School District. This partnership helps to identify homeless families who need to be connected with services and programs outside of the school district. The work of the Homeless Outreach Team helps to engage any homeless person or family that resides on the streets, in automobiles, or other places not meant for human habitation. The Homeless Outreach Team provides intensive case management and housing referrals and placement and its design specifically assists those living on the streets. Also, bimonthly, San Francisco stages a major outreach effort, Project Homeless Connect (PHC). Every PHC event has a specialized area to serve and outreach to homeless families. A special Family Connect was held in 2009, that only focused on homeless and low-income families in San Francisco.
Finally, San Francisco supports two rapid rehousing programs for families. In addition to families in shelter, these funds also target unsheltered families.

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

San Francisco has worked intensely to identify and engage persons sleeping on the streets, in parks, and in other places not meant for human habitation. The Homeless Outreach Team (HOT) has worked since 2004 to conduct outreach to areas of San Francisco with the greatest concentrations of homeless individuals. HOT develops individualized Street-to-Home plans for each client and offers short-term intensive case management to help clients achieve their goals. HOT's staff consists of employees from the Department of Public Health, the Human Services Agency, and a non-profit, Community Awareness and Treatment Services. HOT recognizes that resources from community partners are essential to solving this problem. As such, it has forged relationships with SFPD, SFFD, the Public Library, San Francisco International Airport, the Department of Public Works, and the Recreation and Parks Department. By calling 311, all concerned San Francisco residents can request HOT services for homeless persons in need. HOT employs a whatever-it-takes attitude to address clients' needs, providing temporary beds, transportation assistance, support and advocacy as necessary. HOT has helped create and pilot the use of a comprehensive web-accessed database, which receives inputs from the Health, Fire and Police Departments. This system allows outreach workers to more efficiently serve clients, avoid duplication of services, and generates up-to-the-minute reports of HOT's activities.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

The CoC, through the Mayor's Office, the Dept of Public Health, and 7 non-profit housing providers, will create 269 units for CH persons (including 103 units for seniors) in 2010. Housing Authority and the VA will support an additional 100 HUD-VASH vouchers for CH persons.

The LHCB completed a TH analysis this year and identified a need for PH and supportive services designed for transition-aged youth and veterans. The LHCB will be coordinating with providers for those populations, the Mayor's Office, and other funding entities to increase housing for those populations.

If these goals are not met, the LHCB will call for increased resources for the creation of permanent housing, and will work to support the Board of Supervisors and providers to create a local permanent revenue source to fund affordable housing. The LHCB will also work with the local Ten-Year Plan body and the Mayor¿s Office to begin planning for housing development beyond the timeframe of the Ten-Year Plan.

Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

The Mayor's Office maintains a housing pipeline in partnership with non-profit developers, service providers, and the LHCB through which 1702 units for CH individuals, seniors and families have been created since 2004 when the Ten-Year Plan was adopted. The future units in the pipeline will bring the total created to 2779 by approximately 2013 to meet the Ten-Year Plan goal. One initiative of the CoC Plan is to "Increase the supply of permanent housing that is subsidized to be affordable to people who are experiencing homelessness, that is accessible and that offers services to achieve housing stability."

This initiative will be met by:
- Increasing permanent deeply affordable (0-30% AMI) housing units with supportive services
- Increasing PH access despite citizenship/immigration status, eviction, credit and/or criminal histories
- Preserving existing units
- Increasing resources for the creation of PH, e.g. local dedicated source of funding and capacity-building network.

How many permanent housing beds do you currently have in place for chronically homeless persons?	3,568
In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?	3,873
In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?	4,687
In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?	5,501

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

To ensure best use of PSH, one of LHCB's priorities in 2011 is to analyze access to PSH systemically, focusing on how housing is made available and which populations are served.

To maintain SF's housing retention success (11% above HUD's goal), LHCB & HPRP Roundtable will work to maintain or increase access to prevention services, especially services for mentally ill people, through the use of HPRP funding and other resources, in coordination with the Eviction Defense Collaborative, Volunteer Legal Services Program (VLSP), and Housing Authority. LHCB will facilitate a discussion about eviction prevention and reasonable accommodation with PSH providers, to understand reasons people leave PSH and identify training and resource needs.

If unable to do this work, LHCB will advocate to maintain Federal, state and local funding for permanent housing and supportive services, stressing the importance of services, including money management programs and representative payee services.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

San Francisco's PH providers, CoC-funded and otherwise, maintain an extremely high percentage (90-99%) of persons in PSH through intensive services and responsive property management. LHCB staff will partner with these providers, mainstream systems, City Departments, and legal services, to implement relevant sections of the CoC Plan, including:
Prevent homelessness by intervening to avoid evictions from permanent housing, by:
-Coordinating services and economic assistance
-Outreach eviction prevention resources and tenant rights
-Providing legal services for persons at risk of eviction

Improve access points and provide wraparound support services that promote long-term housing stability for those in permanent housing by:
-Providing a comprehensive range of support services to obtain and keep permanent housing
-Integrating and increasing medical, mental health and substance abuse treatment slots
-Improving linkages to mainstream benefits.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?	88
In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?	85
In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?	89
In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?	91

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

Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

In 2010, LHCB hosted a TH Roundtable, made up of providers and City Departments, to analyze and increase PH placement for persons exiting from TH, which resulted in an 11% increase in success, to 75% (10% above HUD's goal). LHCB will maintain the Roundtable to ensure continued success. The Roundtable will:
¿Review data quarterly and respond proactively,
¿Host peer-sharing sessions among local providers, on topics like developing strong landlord relationships and effective housing searches;
¿Work to increase regional coordination to strengthen the support system for people moving between the City and other communities;
¿Conduct advocacy to help more TH programs become a referral site for the City¿s Housing First program.

If unable to complete these tasks, the Roundtable will explore ways to assess people seeking services on a systemic level in order to better match clients and programs and provide training to providers about accessing PH for clients.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

San Francisco providers continue to prioritize accessing PH for TH clients, despite a limited supply of housing for certain populations. Successful TH providers have strong relationships with mainstream providers, local businesses, and private landlords. TH Roundtable will work to implement CoC Plan goals.

The CoC Plan includes an initiative to provide treatment (clinical or social service) in TH programs to improve PH access and stability by:
-Case managing within TH programs to address individualized needs and emphasize economic stability and address underlying issues that caused instability in the first place
-Emphasizing exits into PH

In addition, the CoC Plan calls for supporting self-sufficiency by:
-Increasing the supply of PH that is subsidized and accessible;
-Increasing economic stability through employment services, mainstream financial entitlements and education; and
-Ensuring coordinated City-wide action to end homelessness.

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?	75
In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?	65
In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?	73
In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?	76

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

Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

To improve employment outcomes, using the TH Roundtable model, LHCB will reinstitute the Employment Roundtable, made up of homeless services providers, city departments, and mainstream employment services, to analyze how resources are being used, share best practices, and identify systemic barriers to employment. The Roundtable will identify ways One-Stops (including the Tenderloin Workforce Center), other mainstream employment services, and employers, can work more effectively with homeless persons. It will also work with Workforce Investment Board (through the member appointed by the LHCB) to exchange best practices on developing social enterprises.

If the Roundtable is not effective, the LHCB will advocate for funding for homeless-targeted services that increase job readiness and make our clients competitive in the job market: soft/hard skills training, literacy education, job placement services, subsidies, employment resources, job retention services, and supportive employment.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The CoC's targeted employment programs (CHEFS, HEC, SFTP) have tremendous success with this measure, with rates of employment at exit this year between 36% and 62%, but the CoC missed HUD's goal by 1% because of the impact of the economy. The Employment Roundtable will foster coordination between targeted programs and partners like the Workforce Development Board and City Departments in order to implement best practices.

The CoC Plan includes an initiative to increase economic stability through employment services, mainstream financial entitlements and education by:
-Increasing access to the mainstream education and workforce development system
-Maintaining current and expanding employment-related services targeted to homeless people
-Increasing number who receive mainstream financial benefits
-Improving access to education and training for homeless children and youth (0-18 years).

What is the current percentage of participants in all CoC funded projects that are employed at program exit?	19
In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?	21
In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?	24
In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?	26

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

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

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)

Encouraged by HEARTH¿s focus on systemic data, with the School District, Policy Committee will work towards a better understanding of the number and needs of homeless and at-risk families to make more informed decisions about how to decrease family homelessness. Through locally-funded subsidies, SHP Rapid Rehousing, and HPRP programs, the Committee will also collect data about rehousing & prevention programs and track family shelter wait list trends to use in future decisions.

The Committee will advocate for subsidized childcare for families that are homeless or at risk so that parents can maintain employment. The Committee will develop relationships with partners in the Bay Area, such as schools, housing agencies and jurisdictions, to improve regional system of care.

If unable to take these actions, Policy Committee will advocate for new units of housing and subsidies for homeless families that will meet family needs, including additional set-asides of Housing Authority units.

Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)

LHCB prioritizes reducing family homelessness. SF provides outreach, centralized intake, intervention, and prevention services for families. SF also funds a subsidy that targets homeless families, including those living in SROs, doubled up, or at imminent risk of eviction, and serves about 230 families at a time with temporary subsidies and intensive case management. SF has also implemented rapid rehousing programs, and developed 179 units of PSH for CH families since 2004 with an additional 183 units in the pipeline.

The CoC Plan includes a number of initiatives to reduce family homelessness including increasing the supply of PH, intervening to avoid eviction, and providing services for housing stability and increased economic stability. The Plan also calls for improving access to education, increasing access to childcare subsidies, and ensuring continued coordination between the LHCB and the School District. Policy Committee will take the lead in implementing these initiatives.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count?	178
In 12-months, what will be the total number of homeless households with children?	174
In 5-years, what will be the total number of homeless households with children?	142
In 10-years, what will be the total number of homeless households with children?	71

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify 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.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC¿s efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

SF has protocols that reflect a policy of not dismissing any foster youth to the streets, shelters, or HUD McKinney-Vento funded programs. At emancipation, a foster youth¿s social worker assists in completing a transitional plan, including securing housing, so that emancipation occurs properly pursuant to state Cal. Welf. & Inst. Code § 391(3). Several housing programs in San Francisco work directly with those emancipating from foster care. The State Transitional Housing Placement (THP) Plus program continues to expand and add new housing. Currently, 127 units of THP Plus housing are available to emancipated foster youth in the City. Youth who will need housing upon emancipation are identified early. For youth aged 14-15, Independent Living Skills Program (ILSP) provides the Early ILSP to engage youth well before emancipation. Core ILSP is for youth age 16-18 and provides five service components: College Club, Life Skills Workshops, Mentoring, Tutoring, and Vocational Services. Transitional Program, for youth age 17-18, prepares for emancipation, including access to employment, housing, and services. Aftercare Services are provided to emancipated foster and probation youth ages 18-21, and include case management, job training, TH, and move-in assistance. San Francisco's Child Welfare Services, state THP Plus programs, and various non-profits also play important roles in emancipation. By 2014, SF will create 113 units for TAY; 48 are targeted for emancipating foster youth.

Health Care:

The City of San Francisco has protocols that reflect a policy of not discharging any patients to the streets or HUD McKinney Vento funded programs. The Department of Public Health (DPH) oversees San Francisco General Hospital (SFGH) and Laguna Honda Hospital and Rehabilitation Center (LHH), which includes a skilled nursing care facility. All institutions work together for placement. Protocols are in place to ensure that DPH hosts daily patient placement meetings attended by staff of SFGH, LHH, and non-profit organizations. The placement meetings are to ensure that every person being discharged from either SFGH or LHH has an appropriate placement. Homeless people are identified upon intake, and hospital staff begins work immediately to identify appropriate housing upon discharge begins. Placements are made at appropriate board and care, nursing homes, or other such facilities. DPH oversees the medical respite program. This program provides temporary respite to the medically frail and works towards finding permanent housing for these clients. There are currently 60 respite beds. Even with a protocol in place, some patients still must wait for placement into a lower and more appropriate level of care. To this end, DPH oversees the Placement Task Force that is working to decrease the number of patients at SFGH and LHH that are awaiting placement into a lower level of care.

Mental Health:

The City of San Francisco has protocols that reflect a policy of not discharging any patients to the streets, shelters, or HUD McKinney Vento funded programs. The Placement Division of the Department of Public Health (DPH) works with SF General Hospital (SFGH) to assess and place homeless persons being discharged from locked facilities. There is an operating Board and Care Team and Utilization Review Team that meets once a month and is coordinated weekly. Teams go out to the facilities to assess housing needs and create discharge plans for patients. Patients are placed in board and care facilities or enter a one-year residential program. Protocols are in place to ensure that intensive case management teams work to place clients into permanent supportive housing with mental health services provided on-site. When a higher level of care than PSH is needed, the case management teams work together in order to ensure a seamless transition between facilities. Also, DPH works closely with the Napa State Hospital, an acute psychiatric care facility, through its intensive case management team. DPH is notified by the nearest State Hospital as soon as a homeless San Franciscan is being considered for discharge. SFGH in-patient psychiatric care coordinates its discharge planning through the daily placement meetings. Most other mental health treatment programs are operated by nonprofit organizations that begin discharge planning upon admission.

Corrections:

SF has protocols that reflect a policy of the goal of not discharging any former inmates to the streets, shelters, or HUD McKinney-Vento funded programs. At the front door, Pretrial Homeless Release Program diverts homeless persons from jail and connects them to housing. Discharge Planning Unit works with inmates to develop a post-release plan that includes housing, medical care, substance abuse and mental health treatment. Daily discharge meetings are held for those being released that day. A "Re-Entry Resource Guide" provides information on housing and other services. Discharge planners are available for former inmates for up to 6 months after release. Jail Aftercare Services (JAS) work with inmates who have serious and persistent mental illness. With DPH and various non-profits, JAS places former inmates with serious mental illnesses into treatment. Forensic AIDS Project, part of DPH, works with former inmates with HIV/AIDS to ensure that their housing and health needs are met. Medical Social Work arranges for residential care for medically ill inmates in need of housing. VA has expanded its services for veterans in the correctional system. Post-release programs provide housing and case management for violent offenders, women, and substance abusers. Finally, SF received Second Chance Act funding for women re-entering. The Re-entry Council of SF brings together the primary stakeholders: DA; PD; Sheriff; SFPD; non-profits, City Agencies and officials to coordinate services.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	One of the five goals in the City and County of San Francisco 2010-2014 Five-Year Consolidated Plan is that "Formerly homeless individuals and families are stable, supported and live in permanent housing." The four objectives for this goal are: (1) Decrease the incidence of homelessness by avoiding tenant evictions and foreclosures and increasing housing stability; (2) Stabilize homeless individuals through outreach, services and residency in emergency and transitional shelters that lead to accessing and maintaining permanent housing; (3) Promote long-term housing stability and economic stability through wraparound support services, employment services, mainstream financial entitlements, and education; and (4) Create and maintain supportive housing. The Mayor's Office reviewed CoC Plan to create this Consolidated Plan and convened a separate hearing specifically with homeless providers and individuals to receive comments specifically on homeless strategies.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

LHCB, in partnership with the Mayor's Office and City departments, convened the HPRP planning process from the beginning and remains deeply involved with HPRP implementation. SF received $8.7 million in HPRP funds.

The LHCB receives regular reports on the status of the HPRP program at its meetings. In addition, LHCB staff has been intimately involved with each step of the HPRP program implementation, including data collection, program oversight and monitoring, and participating in meetings of the HPRP Roundtable, consisting of LHCB staff, HPRP housing and service providers, San Francisco departmental staff, and City officials. The HPRP Roundtable makes planning and policy decisions about the program and use of funds for the HPRP program and the local subsidy program.

San Francisco has had the local subsidy program for homeless and at-risk families for several years, and the LHCB has been tasked by the Board of Supervisors with tracking information about the family rental subsidy program and report to the Board, Mayors Office, and Human Services Agency twice each year. The report captures information about: program progress; number of families served; length of time on subsidy; outcomes; number of slots; number of families seeking subsidies turned away; and recommendations for policy changes. LHCB staff also attend monthly meetings of the local subsidy providers.

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

LHCB is San Francisco's policy body on homelessness. As such, all homelessness-related issues, including ARRA funding related to homelessness, flow through the LHCB. While San Francisco did not receive NSP funding, it has been deeply involved in other ARRA planning.

One of the 9 voting members of the LHCB is the VA¿s regional coordinator for distribution of HUD-VASH vouchers. She provides continuing updates to the LHCB about HUD-VASH and other veteran-related benefits. SF has received 275 vouchers, enters these vouchers in HMIS, and coordinates HPRP with vouchers.

$5.7 million in CDBG funding, coordinated by the Mayor's Office, will, in addition to other projects, support the creation of 174 supportive housing apartments for homeless individuals and 130 units of affordable family rental housing. San Francisco's Homeless Policy Director from the Mayor's Office regularly attends and presents at the LHCB.

The San Francisco Housing Authority received $15.3 million in competitive funding and $17.8 in formula funding for capital improvements that will be used to improve 638 family, senior and disabled public housing units. The LHCB is involved in a multi-year process to influence Housing Authority policy regarding serving and prioritizing homeless households and eviction prevention. The LHCB discussed Housing Authority policy at its August and September meetings and participates in SFHA¿s annual planning process.

City agencies and non-profit agencies have also informed and received input from the LHCB about non-HUD ARRA programs. San Francisco worked to coordinate HPRP funding with other ARRA funding for low-income and homeless households. HPRP staff engage in continuing discussion with Workforce Investment Board, Child Welfare Services, CalWORKS (TANF), Adult and Aging Services, THP Plus (youth), Veterans Administration and the United Way (FEFSP/FEMA).

LHCB has heard reports from Jobs Now!, a Workforce Investment Board program funded through TANF Emergency Contingency Fund ($67.2 million received), that offered employment and training, creating 4127 jobs from May 2009-October 2010. Homeless and at-risk people accessed employment and training through Jobs Now! and CoC providers benefited from Jobs Now! by referring clients, hiring homeless people, and hosting transitional employment programs. The City has created a locally-funded version of the Jobs Now! program that will employ up to 1,740 low-income parents this year.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes

If yes, please describe the established policies that are in currently in place.

LHCB¿s Educational Policy requires all CoC-funded family/youth homeless assistance providers, and encourages all family/youth homeless assistance providers, to establish an internal policy that supports homeless families and youth to enroll in school and access appropriate services within the community, and includes a form agency policy. The form policy commits providers to:
¿ Post notice of students¿ rights;
¿ Designate staff responsible for school enrollment, who will join the SF Families and Youth in Transition (FYIT) Council;
¿ Ensure that all children are enrolled in school and connected to services;
¿ Together with the Liaison and parents, advocate for children to overcome barriers and access resources, including 0-5 aged children;
¿ Support parents by coordinating with school staff to reduce truancy and improve grades;
¿ Consistently coordinate with the Liaison.

The form policy describes procedures for implementing all of these policies.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

LHCB's Educational Policy states that LHCB will coordinate with the Homeless Education Liaison regularly to ensure that homeless families and youth are identified and served in the best possible way. Further, the policy states that the LHCB will work with the schools, mainstream services, and local government to encourage them to assist homeless children to meet their educational needs. The Liaison has attended LHCB meetings, presented at an LHCB Educational Forum held for all CoC-funded providers who serve homeless children, and leads the FYIT Council, whose members provide services to families experiencing homelessness. LHCB staff attends the FYIT Council monthly and its members include CoC-funded agencies. This group shares resources, funding opportunities, and advocates for homeless children in our community. FYIT Council is working to reduce the cost of bus passes for homeless families, increase participation in tutoring programs, and improve data.

All children who in enroll in school in the City are provided information and asked to complete a form describing their living situation. The Liaison receives information for all children designated as Homeless and connects them to resources. In addition, CoC providers have included informing of rights, enrolling students, and confirming service receipt into their intake process. The Liaison also works with school staff to identify and serve homeless children already enrolled in school.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The LHCB Educational Policy encourages the Department of Human Services and all agencies serving homeless children and youth to consider the educational needs of children when placing families in interim housing.

San Francisco has a strong, quality system of services and housing for families in need. Assisted by our centralized intake center and prevention programs, many families who would need interim housing do not ever become homeless. Shelters and transitional housing programs provide tutoring, after school programs, and other resources to assist homeless children. The Liaison works flexibly to provide tutoring and other services onsite in interim housing. Providers coordinate services and resources through FYIT Council and HPRP Roundtable (both described above).

Placement in interim housing is based on availability, family size, and special needs. The wait list for family shelter can be long, and placement near school of origin is often not possible, but the City is fortunate to have a strong public transportation system and to be compact. The Liaison provides bus passes to all homeless children who need them, but due to budget cuts, has not been able to provide them to all parents this year. The Liaison, FYIT Council and LCHB would like to work towards reducing the cost of bus passes to better serve homeless families.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

Leadership: One of the 9 LHCB members is the VA Homeless Liaison and sits on the Regional Interagency Council. She represents veteran interests, and keeps the CoC abreast of the latest in veteran homelessness.

Providers: Swords to Plowshares (STP) provides a full continuum of care to homeless veterans, including drop-in center, TH and PSH (including the PH Bonus project, which will serve 75 CH Veterans in all), employment support, legal/benefits assistance, and specific programs for women and current era veterans. Other CoC members providing veteran services include Salvation Army, Walden House, & United Council of Human Services. The City shelter system sets aside beds for veterans, and regularly adjusts that number based on need. HPRP works with HUD-VASH. The City¿s nationally-replicated Project Homeless Connect (PHC) is a Veterans Connect this month; the event is a collaboration of PHC, VA Medical Center, City, STP, and other non-profits.

Planning and Data: The CoC Plan includes providing housing for vulnerable persons, like veterans. The Plan specifically calls for veteran-specific services, assistance with veteran benefits, and veteran housing designed to assist with trauma. HUD-VASH vouchers are entered into HMIS, and the CoC is participating in Veterans AHAR. In 2011, LHCB will receive quarterly updates on the local 5 Year Plan on veteran homelessness, encourage applications for funding, and host community meetings about HUD-VASH vouchers.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC who¿s FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?	No
Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?	Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD¿s five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled ¿2009 Proposed Numeric Achievement¿, enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled ¿Actual Numeric Achievement¿, enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter ¿No¿ to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	3,461	**Beds**	3,568	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	84	**%**	88	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	**%**	71	**%**
Increase percentage of homeless persons employed at exit to at least 20%	21	**%**	19	**%**
Decrease the number of homeless households with children.	174	**Households**	178	**Households**

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

Employment: Missing our goal by 2% and HUD¿s goal by 1%, the final outcome was 19%. Our unemployment rate never dipped below 10% in 2010. As predicted in our 2009 application, our clients, whose employment-related challenges are well-known, struggled to compete in the job market and employers who had been generous with assisting our clients in the past, did not have the flexibility to do so this year. The LHCB is deeply concerned about this impact on our clients and in 2011 will be: reconvening the Employment Roundtable to identify systemic issues, coordinating with the WIB through our designated seat on the advisory council to improve mainstream workforce services, working with the VA and its new vocational rehab program (vets helping vets), discussing social enterprise ideas with non-profits, and announcing any DOL funding opportunities.

Decrease in homeless households with children: We have four more households than our goal, based on the 2009 Count. The CoC has worked diligently this year to better serve homeless families. Unfortunately, a reduction in family homelessness cannot be shown because we do our homeless count biennially, and can only report 2009 data.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year¿s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	1,735	2,790
2009	2,816	3,203
2010	2,816	3,568

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 269

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$16,062,256	$30,451,789	$29,772,791	$55,325,688
Operations	$486,680	$0	$0	$1,289,619	$0
Total	$486,680	$16,062,256	$30,451,789	$31,062,410	$55,325,688

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

N/A

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field¿s a-e. The ¿Total PH %¿ will be auto-calculated after selecting ¿Save.¿ Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	165
b. Number of participants who did not leave the project(s)	1193
c. Number of participants who exited after staying 6 months or longer	1196
d. Number of participants who did not exit after staying 6 months or longer	993
e. Number of participants who did not exit and were enrolled for less than 6 months	145
TOTAL PH (%)	161

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select ¿Save.¿ The ¿Total TH %¿ will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	327
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	244
TOTAL TH (%)	75

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select ¿Save¿ and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 3,144

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	466	15	**%**
SSDI	149	5	**%**
Social Security	30	1	**%**
General Public Assistance	347	11	**%**
TANF	506	16	**%**
SCHIP	3	0	**%**
Veterans Benefits	78	2	**%**
Employment Income	608	19	**%**
Unemployment Benefits	57	2	**%**
Veterans Health Care	76	2	**%**
Medicaid	620	20	**%**
Food Stamps	770	24	**%**
Other (Please specify below)	89	3	**%**
Includes Child Support, RSDI, CAPI (immigrants), etc.			
No Financial Resources	750	24	**%**

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted?	Yes

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

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

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

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

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

The CoC completes a detailed, intensive program assessment process annually. During that process, the APR of each SHP project is analyzed and summarized for review by the LHCB, the Priority Panel for McKinney Vento funding and other parties as relevant. Assessments include information about the benefits clients received at entry, the benefits clients received at exit, access to mainstream programs, cost-efficiency of the programs efforts to access benefits for their clients, participant income, and additional information that the programs track regarding mainstream benefits access. In addition, participants are surveyed about the services they receive, including assistance with accessing mainstream benefits. Access to mainstream services is a review factor in the annual funding competition. Through that conversation, CoC-wide concerns about benefits are identified and raised in committee meetings for discussion in the months following the competition.

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.

This year, the Funding Committee dedicated most of two meetings to the local budget and maintaining mainstream resources for our consumers (February, June), discussed challenges people have accessing mainstream resources for client in July, and discussed veterans programs in October. The LHCB as a whole discussed: Workforce Investment Board resources (March, September), Local Rental Subsidy program (January, April, July) Housing Authority resources (August), local benefits and potential cuts (January, February, April, May, June, July), and Federal Strategic Plan (August).

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

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If yes, identify these staff members	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	Yes
If "Yes", specify the frequency of the training.	semi-annually (twice a year)
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	No
If "Yes", indicate for which mainstream programs HMIS completes screening.	
Has the CoC participated in SOAR training?	Yes

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

A provider attended a Train the Trainer program on October 26-30, 2009. In addition, on December 7, 2007, the CoC co-sponsored a specialized training for homeless services providers about benefits eligibility and application strategies with the local SSA office. Also, San Francisco has supported an SSI Access project since 2002 that actively supports access to SSI/SSDI for homeless people, using many of the techniques set forth in the SOAR curriculum, with an 86% Award Rate (92% of those on initial application), averaging 12 months of retroactive benefits.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	93%
1a. Describe how service is generally provided:	
Case managers assess for benefit eligibility upon program entry, then, as part of the service plan, help clients collect the documents needed, complete application forms, and sometimes attend appointments with the client. In addition, some agencies also provide support from attorneys, psychologists, doctors and other service professionals.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	87%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	9%
3.a Indicate for which mainstream programs the form applies:	
The providers that do use a single application form, have one for CalWORKS (TANF), food stamps, CAAP, Medicare, and Medi-Cal (Medicaid) or one for multiple housing options in the City. The City also hosts benefitssf.org, an online resource where residents can apply for Food Stamps and Medi-Cal, and receive information about applying for free or reduced price school meals, WIC, earned income tax credit, working families credit.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	93%
4a. Describe the follow-up process:	
Case managers and other staff systematically monitor and assist with mainstream benefits access throughout the application process and then monitor maintenance of client income through case management meetings, money management services and other client contact. Staff document their efforts, and case records are reviewed by Program Directors.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. 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 review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Mission Housing-...	2010-11-13 12:28:...	1 Year	City and County o...	154,440	Renewal Project	S+C	SRA	U
Canon Barcus Comm...	2010-11-13 08:57:...	1 Year	City and County o...	375,036	Renewal Project	S+C	PRA	U
Veterans Commons	2010-11-15 00:25:...	5 Years	City and County o...	1,029,600	New Project	S+C	PRA	P1
The Salvation Arm...	2010-11-16 10:55:...	1 Year	The Salvation Army	430,824	Renewal Project	SHP	TH	F
Cameo House	2010-11-12 21:22:...	1 Year	City and County o...	303,572	Renewal Project	SHP	TH	F
Mission Housing-...	2010-11-13 12:18:...	1 Year	City and County o...	77,520	Renewal Project	S+C	SRA	U
Tenant Based Rent...	2010-11-13 19:22:...	1 Year	City and County o...	675,864	Renewal Project	S+C	TRA	U
Hazel Betsey Studios	2010-11-13 11:14:...	1 Year	City and County o...	82,368	Renewal Project	S+C	SRA	U
Compass Clara House	2010-11-15 17:16:...	1 Year	Compass Family Se...	295,006	Renewal Project	SHP	TH	F
Allen Hotel	2010-11-13 08:43:...	1 Year	City and County o...	372,678	Renewal Project	SHP	PH	F
Supportive Housin...	2010-11-13 18:42:...	1 Year	City and County o...	127,185	Renewal Project	SHP	SSO	F
Hope House	2010-11-13 15:51:...	1 Year	City and County o...	760,152	Renewal Project	SHP	PH	F

Hamilton Family T...	2010-11-13 15:29:...	1 Year	City and County o...	381,721	Renewal Project	SHP	TH	F
Franciscan Towers	2010-11-13 10:25:...	1 Year	City and County o...	540,216	Renewal Project	S+C	SRA	U
Brennan House	2010-11-12 16:51:...	1 Year	Saint Vincent de ...	132,544	Renewal Project	SHP	TH	F
Treasure Island P...	2010-11-16 16:20:...	1 Year	City and County o...	612,480	Renewal Project	S+C	SRA	U
ECS-Conquering H...	2010-11-13 00:03:...	1 Year	City and County o...	132,117	Renewal Project	SHP	SSO	F
El Dorado/ Midori	2010-11-13 09:37:...	1 Year	City and County o...	205,920	Renewal Project	S+C	SRA	U
A Woman's Place	2010-11-15 18:32:...	1 Year	Community Awarene...	348,153	Renewal Project	SHP	SH	F
G House	2010-11-13 15:00:...	1 Year	Larkin Street You...	110,624	Renewal Project	SHP	TH	F
Compass Connectin...	2010-11-12 23:01:...	1 Year	City and County o...	240,685	Renewal Project	SHP	SSO	F
Monterey Boulevard	2010-11-13 11:26:...	1 Year	City and County o...	80,232	Renewal Project	S+C	PRA	U
SafeHouse for Wom...	2010-11-13 18:20:...	1 Year	San Francisco Net...	70,749	Renewal Project	SHP	TH	F
Iroquois	2010-11-16 16:06:...	1 Year	Community Housing...	157,490	Renewal Project	SHP	PH	F
Knox	2010-11-13 09:22:...	1 Year	City and County o...	185,328	Renewal Project	S+C	SRA	U
Legal Services fo...	2010-11-13 19:47:...	1 Year	City and County o...	359,777	Renewal Project	SHP	SSO	F
Bayview Drop-In C...	2010-11-16 15:56:...	1 Year	City and County o...	75,407	Renewal Project	SHP	SSO	F
Transitional Livi...	2010-11-13 20:08:...	1 Year	Swords to Plowsha...	254,335	Renewal Project	SHP	TH	F
Glide Cecil Willi...	2010-11-16 11:11:...	1 Year	City and County o...	302,016	Renewal Project	S+C	SRA	U

Direct Access to ...	2010-11-15 17:53:...	1 Year	City and County o...	508,873	Renewal Project	SHP	PH	F
Transitional Hous...	2010-11-13 20:00:...	1 Year	Swords to Plowsha...	232,623	Renewal Project	SHP	TH	F
Direct Access to ...	2010-11-15 18:06:...	1 Year	City and County o...	684,014	Renewal Project	SHP	PH	F
Homeless Employme ...	2010-11-13 15:41:...	1 Year	City and County o...	954,809	Renewal Project	SHP	SSO	F
Scattered Sites- ...	2010-11-13 14:02:...	1 Year	City and County o...	848,712	Renewal Project	S+C	TRA	U
Lyric	2010-11-13 09:46:...	1 Year	City and County o...	597,168	Renewal Project	S+C	PRA	U
Hotel Isabel	2010-11-13 09:19:...	1 Year	City and County o...	102,960	Renewal Project	S+C	SRA	U
Hazel Betsey 1BR	2010-11-13 10:59:...	1 Year	City and County o...	50,616	Renewal Project	S+C	SRA	U
Veterans Academy	2010-11-13 20:15:...	1 Year	City and County o...	355,787	Renewal Project	SHP	PH	F
Services for Trea...	2010-11-13 14:25:...	1 Year	City and County o...	114,640	Renewal Project	SHP	SSO	F
Jelani Transition...	2010-11-14 17:27:...	1 Year	City and County o...	134,607	Renewal Project	SHP	TH	F
Integrated Servic...	2010-11-13 20:22:...	1 Year	City and County o...	1,173,199	Renewal Project	SHP	SSO	F
Folsom/Dore	2010-11-13 10:15:...	1 Year	City and County o...	299,712	Renewal Project	S+C	PRA	U
TNDC Scattered Sites	2010-11-13 10:42:...	1 Year	City and County o...	502,584	Renewal Project	S+C	SRA	U
Treasure Island P...	2010-11-16 16:31:...	1 Year	City and County o...	887,184	Renewal Project	S+C	SRA	U
Avenues to Indepe...	2010-11-12 20:35:...	1 Year	City and County o...	331,020	Renewal Project	SHP	TH	F
First Avenues	2010-11-13 14:44:...	1 Year	City and County o...	179,026	Renewal Project	SHP	SSO	F

Leland House	2010-11-13 17:47:...	1 Year	Catholic Charitie...	140,267	Renewal Project	SHP	PH	F
San Francisco Tra...	2010-11-13 18:35:...	1 Year	City and County o...	270,923	Renewal Project	SHP	SSO	F
Cadillac/William ...	2010-11-13 08:50:...	1 Year	City and County o...	926,640	Renewal Project	S+C	SRA	U
Dudley Apartments	2010-11-16 11:04:...	1 Year	City and County o...	234,609	Renewal Project	SHP	PH	F
Canon Kip	2010-11-13 09:03:...	1 Year	City and County o...	823,680	Renewal Project	S+C	PRA	U
Rita da Cascia-P...	2010-11-13 18:02:...	1 Year	City and County o...	180,074	Renewal Project	SHP	PH	F

Budget Summary

FPRN	$10,047,490
Permanent Housing Bonus	$1,029,600
SPC Renewal	$8,330,676
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	SF2010Certificate...	11/16/2010

Attachment Details

Document Description: SF2010CertificateofConsistency