

## Polk County Continuum of Care Board 2017 HMIS Renewal Application

To qualify as a renewal project and submit a 2017 CoC application, at least one staff member from your agency must have attended the Open Meeting on ??????, at ??????.

**Application submission:** Please submit this application form and required attachments by emailing an electronic application packet to Mark K Phillips at [m.phillips@pchsia.org](mailto:m.phillips@pchsia.org) no later than ?????? at noon in order to be considered.

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Contact telephone #: \_\_\_\_\_

Project Name: \_\_\_\_\_

Requested amount: \_\_\_\_\_

Are funding draws from Line of Credit Control System (LOCCS) completed at least once every three (3) months for this project?     YES     NO

Were dollars remaining on your most recently expired grant?

YES     NO

If yes, how much? \_\_\_\_\_

1. Provide evidence of the Polk County Continuum of Care Board's (CoCB) review and approval of HUD required policies, and evidence of written procedures outlining the frequency of policy review by the CoCB.
2. Describe measures taken, reports run and the frequency in which they are conducted to ensure CoC-wide data quality and integrity and that CoC-wide null values are less than 10%.
3. Describe the professional development trainings or conferences offered to ICA staff in the last year (July 1, 2016– June 30, 2017). Include the type of training or name of conference(s) and who attended (*"Staff" is defined as those ICA employees who provide assistance and/or training to the CoCB as well as the Polk County CoC/ESG-funded, and non-funded, programs*).

4. Describe the HMIS role in providing tools for the CoCB's responsibilities in setting performance goals, evaluating programs and projects, and monitoring key HEARTH performance goals. Describe methods for assisting the PCCoCB in setting and implementing HUD system performance measures.
5. Provide examples of evaluation of local programs and/or system activities in assisting the PCoCB in assessing community performance and the needs of homeless in this community. Provide examples of HMIS data reporting or analysis in supporting CoCB planning. *(20 points)*
6. Describe the role of the Institute of Community Alliances in the continued implementation and monitoring of the PCCoC centralized intake system.
7. Describe how ICA supports data collection for non-HUD funded projects in the PCCoC.
8. Provide evidence that the HIC was accurate and posted on the HDX on a timely basis. What is the overall bed coverage rate for the Polk County Continuum of Care (PCCoC)? If less than 86%, describe steps that will be taken to support the PCCoC in increasing the rate.
9. Provide evidence that ICA provides accurate and complete information from the PCCoC HMIS to HUD for the Annual Homeless Assessment Report (AHAR) and that the AHAR was submitted to HUD in a timely manner.
10. Provide evidence that all HMIS end users have completed an initial training; that HMIS Participating Agency Agreements and Data Sharing Agreements are on file at ICA; and that all Vendor Agreements comply with HMIS privacy and other related policies.
11. Describe the trainings and technical assistance offered to end users. Include the types and frequency of trainings and technical assistance.
12. Describe steps taken by ICA to ensure the ease of use of the PCCoC HMIS system by provider agencies. Include how provider agencies can run reports independently; the frequency in which the system has been down in the last year and any problems this created for the provider agencies; and the average response time to providers' requests for information or assistance.
13. Provide the annual PCCoCB HMIS budget delineating federal funds and local match. If CoC funding is decreased, what would the impact on the HMIS? If CoC funding is increased, how would it be used? *(Information only - no points)*