

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): ME-500 - Maine Balance of State CoC

CoC Lead Agency Name: Maine State Housing Authority

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: Maine Balance of State Continuum of Care

Indicate the frequency of group meetings: Monthly or more

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

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 84%

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

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

Specify "other" process(es):

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

Members volunteer or are assigned by their agency to participate in Maine Balance of State CoC (MBOS). Any interested agency or individual may join our email list to receive notice of meetings, agendas & minutes from previous meetings. MBOS encourages all members to participate in the decision making process. Our open meetings are guided by principles of small group democratic process & parliamentary procedure. All members may suggest agenda items, make motions & participate in discussions. There is one vote per agency/individual & they must have been present at 3 of the last 6 meetings to be eligible to vote. We find that these policies allow all interested parties to take an active role in our meetings & decision making process.

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

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

Specify "other" process(es):

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

MBOS does not currently have the capacity to act as grantee but we could develop that capacity or secure a designee for these administrative responsibilities. However, MBOS is keenly aware of the HEARTH Act and until such time as rules are promulgated, we cannot take a position regarding future changes to our organizational structure. In January 2011 MBOS will begin examining this issue in-depth and considering such related issues as: fee structures, organizational capacity, sustainability, transparency, flexibility, & conflicts of interest. Ultimately our voting members will determine what our organizational structure will look like and MBOS shall retain the ability to amend or modify any Administrative Agency agreement going forward.

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
MBOS Steering Committee	The MBOS Steering Committee facilitates the collection and integration of information and materials provided by the other standing committees for inclusion in the annual HUD Exhibit 1 application. Whenever possible, the data, narratives and other materials needed for the Exhibit 1 are presented to the larger group at regular MBOS meetings for discussion and approval. If time does not permit the review of all materials, the larger group may vote to authorize the Steering Committee to complete the Exhibit 1 application on behalf of MBOS.	Monthly or more
MBOS Gaps & Data Committee	The MBOS Gaps & Data Committee collects information on homelessness and works closely with the MaineHousing HMIS Team to improve data collection & analysis techniques used by MBOS. It conducts the annual Point-in-Time count & Housing Inventory Chart survey, coordinating these efforts with the Greater Penobscot CoC & the Portland CoC to ensure statewide coverage & consistency. The information collected is used to help determine Unmet Need & identify Gaps in our Housing & Services that need to be addressed. This Committee is currently working to develop an ongoing Data Quality Monitoring Tool to improve reporting and accountability regarding new Performance Measures.	Monthly or more
MBOS Monitoring Committee	The MBOS Monitoring Committee develops the Project Monitoring Questionnaire and the methodology used to evaluate ongoing Renewal project performance. The Questionnaire responses, APRs and other relevant materials are collected by this committee and presented to the Selection Committee. Analysis of the Questionnaire responses and APRs are also used to help determine subject areas for future training opportunities.	Bi-monthly
MBOS Scoring Committee	The MBOS Scoring Committee develops and refines the Scoring Templates and methodology that will be used by the Selection Committee to score and rank New project applications submitted to MBOS. This group works closely with the other committees to establish appropriate criteria, priorities and guidelines that take into consideration MBOS priorities, Unmet Need, and HUD priorities and guidance.	Bi-monthly

Statewide Homeless Council	The Statewide Homeless Council provides leadership in the development and ongoing enactment of Maine's Statewide Plan to End and Prevent Homelessness. The Council acts as an advisory committee to the Governor, the Legislature and Maine State Housing Authority. The Council has established sub-committees to address discharge planning, disaster planning and other issues on a statewide level. Overlapping membership with MBOS ensures ongoing communication and coordination of our mutual efforts.	Monthly or more
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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
Maine Dept. Health & Human Services	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Maine Dept. of Corrections	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Office of the Governor	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Maine State Housing Authority	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Domes..
Maine Dept. of Labor	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
City of Augusta	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Auburn	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Lewiston	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Auburn Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Augusta Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Lewiston Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Brunswick Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Veterans Administration- Togus	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
Shalom House, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Kennebec Behavioral Health	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Volunteers of America, NNE	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...

Common Ties	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Tri County Mental Health	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Sweetser	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Serio...
Community Housing of Maine	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Se...
Rumford Group Homes	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
New Beginnings	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Serio...
Counseling Servies, Inc	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Community Health and Counseling Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Tedford Housing	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
York County Shelter Programs, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Subst...
Abused Women's Advocacy Project	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Family Violence Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Caring Unlimited	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Mid Maine Homeless Shelter	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
Step Up	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Motivational Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Hope Haven Gospel Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Bread of Life Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...

United Way (Several local offices)	Private Sector	Funder ...	Primary Decision Making Group	Youth, HIV/AIDS
Saint Mary's Hospital	Private Sector	Hospital..	Committee/Sub-committee/Work Group	Seriously Me...
Hope and Justice Project	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
Central Maine Pre-Release Center	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Substance Abuse
Charlotte White Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Community Concepts	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Domestic Violence Network	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Family Crisis Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Frannie Peabody Center	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
Home Counselors Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Subst...
HOME, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Homeless Services of Aroostook	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Maine Re-entry Program	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Subst...
Maine's CAP Agencies	Public Sector	Publi c ...	Attend Consolidated Plan planning meetings during past 12...	Veteran s, Do...
Maine's Career Centers (20 in MBOS)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s, Se...
Mid-Coast Hospitality House	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
New Hope for Women	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...

Pine Tree Legal	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Next Step	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Pleasant Point Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	Domestic Vio...
Rural Community Action Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Substance Abuse
Womancare	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Women Unlimited	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Youth Alternatives	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Serio...
Youth and Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Serio...
St. Martin de Porres	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Seriously Me...
YANA (You Are Never Alone)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
CHAMP (Creative Housing Alternatives for Maine ...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
The Maine Way	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Milestone Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
WCARC/Sunrise Opportunités	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Genesis Community Loan Fund	Private Sector	Funder ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Homeless Voices for Justice	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Dee Clarke	Individual	Hom eles s	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Regional Homeless Councils	Private Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	NONE
Augusta Working Group	Private Sector	Othe r	Committee/Sub-committee/Work Group	Seriously Me...

Lewiston Auburn Alliance of Services for the Ho...	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Greater Franklin County Coalition for the Homeless	Private Sector	Othe r	Committee/Sub-committee/Work Group	Seriousl y Me...
Washington County Coalition to End Homelessness	Private Sector	Othe r	Committee/Sub-committee/Work Group	Domesti c Vio...
Homeless Veterans Working Group	Private Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s
Knox & Waldo Counties Coalition to End Homeless...	Private Sector	Othe r	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: Maine Dept. Health & Human Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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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: Maine Dept. of Corrections

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Healthcare, Law Enforcement, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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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 the Governor

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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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: Maine State Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, 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, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Life Skills, Utilities Assistance, Mortgage Assistance, Rental Assistance
(select all that apply)

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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: Maine Dept. of Labor

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Education, Employment
(select all that apply)

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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: City of Augusta

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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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: City of Auburn

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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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: City of Lewiston

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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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: Auburn Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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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: Augusta Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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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: Lewiston Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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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: Brunswick Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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: Veterans Administration- Togus

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

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

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: Shalom House, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: 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
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Healthcare, Rental Assistance
(select all that apply)

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: Kennebec Behavioral Health

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Volunteers of America, NNE

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Mental health, Rental Assistance
(select all that apply)

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

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: Common Ties

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

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: Tri County Mental Health

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Sweetser

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Community Housing of Maine

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: 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
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Utilities Assistance, Rental Assistance
(select all that apply)

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: Rumford Group Homes

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Mental health, Rental Assistance
(select all that apply)

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: New Beginnings

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Rental Assistance
(select all that apply)

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: Counseling Servies, Inc

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Community Health and Counseling Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

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: Tedford Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: York County Shelter Programs, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment
(select all that apply)

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: Abused Women's Advocacy Project

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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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: Family Violence Project

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Caring Unlimited

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Mid Maine Homeless Shelter

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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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: Step Up

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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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: Motivational Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Mental health, Rental Assistance, Employment
(select all that apply)

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: Hope Haven Gospel Mission

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Bread of Life Ministries

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Rental Assistance
(select all that apply)

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: United Way (Several local offices)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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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: Saint Mary's Hospital

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Healthcare, Mental health, Alcohol/Drug Abuse, HIV/AIDS
(select all that apply)

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: Hope and Justice Project

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Catholic Charities

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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: Central Maine Pre-Release Center

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Education, Case Management, Life Skills, Law Enforcement, Transportation, Employment
(select all that apply)

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: Charlotte White Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Alcohol/Drug Abuse
(select all that apply)

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: Community Concepts

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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

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: Domestic Violence Network

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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: Family Crisis Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Child Care, Life Skills, Legal Assistance, Rental Assistance
(select all that apply)

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: Frannie Peabody Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Home Counselors Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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- 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: HOME, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Homeless Services of Aroostook

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Utilities Assistance, Rental Assistance
(select all that apply)

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: Maine Re-entry Program

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Law Enforcement, Legal Assistance, Employment
(select all that apply)

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: Maine's CAP Agencies

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance, Employment
(select all that apply)

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: Maine's Career Centers (20 in MBOS)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

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

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: Mid-Coast Hospitality House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: New Hope for Women

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Pine Tree Legal

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Legal Assistance
(select all that apply)

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: Next Step

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Pleasant Point Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Rural Community Action Ministries

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Rental Assistance
(select all that apply)

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: Womancare

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: Women Unlimited

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

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

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: Youth Alternatives

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(select all that apply)

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: Youth and Family Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Life Skills, Mental health
(select all that apply)

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: St. Martin de Porres

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: YANA (You Are Never Alone)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Alcohol/Drug Abuse
(select all that apply)

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: CHAMP (Creative Housing Alternatives for Maine People)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: The Maine Way

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Utilities Assistance, Rental Assistance
(select all that apply)

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: Milestone Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

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: WCARC/Sunrise Opportunites

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Mental health, Rental Assistance
(select all that apply)

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: Genesis Community Loan Fund

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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: Homeless Voices for Justice

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: 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
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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: Dee Clarke

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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: Regional Homeless Councils

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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: Augusta Working Group

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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: Lewiston Auburn Alliance of Services for the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: 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
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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: Greater Franklin County Coalition for the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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: Washington County Coalition to End Homelessness

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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: Homeless Veterans Working Group

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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: Knox & Waldo Counties Coalition to End Homelessness

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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) b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply) a. Unbiased Panel/Review Committee

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

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

1F. Continuum of Care (CoC) Housing Inventory 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):

The 2010 MBOS (ME-500) eHIC shows 37 more ES beds than 2009 (+22 for Hh w/Ch & +15 for Hh w/o Ch) but most (31) are from DHHS Municipal Emergency Motel vouchers used on the night of the PIT being listed as Year Round, not Seasonal beds (24 Hh w/Ch & 7 Hh w/o Ch). Other changes to ES beds were made to meet the needs of the clients present. These include: Bread of Life; 1 bed changed from Hh w/Ch to Hh w/o Ch. Community Concepts Oxford Hills; +2 beds for Hh w/Ch. Home Inc Hospitality House; changed 2 ES beds to PSH. Home Inc St Francis Inn; 1 less bed for Hh w/Ch. Pleasant Point Kilun Kikin; 3 fewer beds. Rumford Group Homes Stafford Ave; + 1 bed for Hh w/Ch. The Maine Way changed 1 bed from Hh w/Ch to Hh w/o Ch.

Safe Haven: Not Applicable

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

MBOS (ME-500) has no Safe Haven programs.

Transitional Housing: Yes

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

The 2010 MBOS (ME-500) eHIC shows an increase of 69 TH beds for Hh w/Ch & a decrease of 33 beds for Hh w/o Ch., detailed as follows: CHAMP June St became PSH (6 Ind beds); CHOM Flagg St became PSH (4 Ind beds); CHOM New Hope C changed 2 Ind to Fam Beds. Home Inc Hospitality House became PHS (6 Fam, 3 Ind beds); DHHS BRAP added 3 Fam & lost 8 Ind beds. MaineHousing RAC added 26 Fam & lost 7 Ind beds. Maliseet DV opened with 6 fam & 2 Ind beds. New Beginnings Scattered Site program was removed (4 Ind beds; not HUD definition). North Star Farm closed (6 Ind) Rumford GH TLP added 6 fam & 5 ind beds. RGH Washington St brings 5 fam & 1 ind bed. Womenscare Hanna's House added 2 fam beds. York Co Sh. 57 Lebanon changed from PSH to TH(+10 fam beds).

Permanent Housing: Yes

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

The 2010 MBOS (ME-500) eHIC shows a loss of 4 PSH bds in Hh w/Ch & a gain of 110 PSH bds in Hh w/o Ch. Bread of Life Westman moved 4 bds from Hh w/Ch to Hh w/o Ch. CHAMP June St moved from TH to PSH (6 Ind Bds). CHOM Flagg St moved from TH to PSH (4 Ind Bds). Home Inc Hospitality House moved 8 Fam & 2 Ind bds to PSH. Tedford Blake St added 8 Fam bds. York Co Sh 24Thornton added 2 Fam & 2 Ind bds. YCS McDermott added 1 Ind bd. YCS 57 Lebanon became TH (-10 Fam). YCS Weymouth was removed (-10 Fam ; not HUD Definition). Also the following changes to Shelter + Care: Lew 1(+9 fam&-4ind) ME1(-5fam&+24 Ind) ME12(-14 fam) ME13(+4 fam&+2 Ind) ME16(+7Ind) ME17(+2Ind) ME19(+7Ind) ME2State(+2Fam &+31 Ind) ME20(+19Ind) ME7 (+6Fam&+2 Ind) YCSI(+1 Ind).

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, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): HUD unmet need formula

Specify "other" data types:

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

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:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	ME-502 - Portland CoC, ME-501 - Bangor/Penobscot County Coc, ME-500 - Maine Balance of State CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	Yes
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Not Applicable
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems LLC
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	03/02/2004
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing
If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).	
If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).	

The State of Maine HMIS covers all three CoCs in Maine, including the Balance of State CoC. From 2009 to 2010 the numbers of programs and active users accessing the HMIS system have doubled, but the number of HMIS system administrators has remained constant at two. This creates an imbalance in the ratio of users and programs that each system administrator has to support. The statewide HMIS is submitting a new Exhibit 2 this year to address its staff funding issues, and if successful will pursue an expansion of staffing to support continued growth of HMIS utilization, particularly in light of forthcoming HEARTH Act data requirements.

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 Maine State Housing Authority

Street Address 1 353 Water Street

Street Address 2

City Augusta

State Maine

Zip Code 04330

Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

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: Dr.
First Name Douglas
Middle Name/Initial
Last Name Barley
Suffix
Telephone Number: 207-624-5742
(Format: 123-456-7890)
Extension
Fax Number: 207-624-5768
(Format: 123-456-7890)
E-mail Address: dbarley@mainehousing.org
Confirm E-mail Address: dbarley@mainehousing.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	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

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

Instructions:

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%	1%
* Date of Birth	0%	0%
* Ethnicity	2%	0%
* Race	2%	0%
* Gender	0%	0%
* Veteran Status	4%	3%
* Disabling Condition	2%	2%
* Residence Prior to Program Entry	12%	3%
* Zip Code of Last Permanent Address	1%	16%
* Name	0%	0%

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

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

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

The statewide HMIS offers self service data quality reports 24/7/365 in the Advanced Reporting Tool for providers who use ServicePoint. Providers who send their data to HMIS via the batch upload process do not have access to a self-service tool that is as robust as ServicePoint, but data quality reports are generated from the batch database and delivered back to batch providers via a secure web portal to allow them to monitor and improve their data quality on a monthly basis. That said, in 2011 the batch data submission process will be eliminated in Maine, and all providers that are submitting data to HMIS will be required to do so via ServicePoint.

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

The Maine HMIS quality control policy is that "To be able to provide accurate timely information, data must be regularly, completely, and accurately entered into the Maine HMIS system." It is further expected that data entry must take place at minimum on a weekly basis, and HMIS users at participating agencies are responsible for the accuracy, correctness, and timeliness of their data entry. A report is run weekly to check that exit dates are not recorded as being prior to entry dates, and a report is run at the Emergency Shelter level to identify long-term stayers in emergency shelter. Providers are also encouraged to self-monitor their data by spot checking their online reports against their paper intake records at least quarterly.

- 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 Quarterly
Point-in-time count of unsheltered persons:	At least Annually
Measuring the performance of participating housing and service providers:	At least Quarterly
Using data for program management:	At least Monthly
Integration of HMIS data with data from mainstream resources:	At least Monthly

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 Monthly
* Secure location for equipment	At least Monthly
* Locking screen savers	At least Monthly
* Virus protection with auto update	At least Monthly
* Individual or network firewalls	At least Monthly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Monthly
* 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: 03/27/2009

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 Monthly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	At least Annually
* 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? annually (every year)

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/26/2011
(mm/dd/yyyy)

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: 90-99%

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).

Comparing our 2010 & 2009 PIT counts, we showed a small decrease this year in the number of Households with Children in Emergency Shelter (74 Hh and 214 people in 2010, compared to 75 Hh and 217 people in 2009), but an 11% increase in TH usage in this category (643 people in 2010, compared to 575 people in 2009). Part of this is due to increased availability of TH Family units, particularly in the RAC+ program, but also many smaller programs switching beds from Individual to Family use in order to move families out of shelters faster. Overall utilization rates for family TH programs were also up. No Unsheltered Families were reported in 2010 (2 in 2009) perhaps because of greater awareness and use of emergency voucher programs through MaineHousing and local General Assistance.

For Households without Dependent Children (including Hh of Only Children/Unaccompanied Youth) our shelter numbers decreased by 19% (174 individuals in 2010 compared to 214 in 2009) while our TH numbers for this category decreased by 6% (254 in 2010 compared to 270 in 2009). Our Unsheltered numbers for this category also decreased (13 people in 2010 compared to 29 people in 2009). All of these changes may be accounted for by the significant increase in the number of PSH beds for Individuals (110) made available by Shelter Plus Care and other PSH programs and an increased effort to move eligible people to PSH more rapidly.

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 *guessimates*. 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:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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).

For the 2010 PIT we allowed those facilities currently using HMIS the option of entering their PIT data directly into HMIS through customized PIT screens, or of using traditional paper forms. Of the 146 facilities listed on our eHIC charts, 28 are DV and cannot use HMIS, 8 more were under development, and 3 have yet to implement HMIS. Of the 107 left, 59 opted to use HMIS for the PIT. This represents 55% of eligible facilities, but since many of these are very large programs, it is actually a much higher percentage of our total volume of PIT data. We collect PIT data from ES, TH and PSH, but only ES and TH numbers are reported in the HUD PIT section. For those choosing the paper option two types of forms were sent to each facility. Individual Surveys collected detailed information on those clients willing to participate in an Individual Survey interview, and a Summary Count form was sent to each facility to report on the total number of clients served on the night of the PIT. Overall, 95.8% of the emergency shelters & 94.4% of transitional housing facilities entered PIT data in HMIS or returned paper PIT forms. All forms were returned to MaineHousing where data was entered into a computerized system that allowed for deduplication across facilities based on unique identifiers used on the Individual Surveys and in HMIS. Where a discrepancy existed between the Individual Survey total and Summary Count total of a facility, the higher of the two numbers was used.

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	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input checked="" type="checkbox"/>

If Other, specify:

Client level information was collected through HMIS and via individual client interviews at each provider on the night of the PIT count. Providers were also asked to submit a cumulative count form to reflect totals within each population being counted. Unduplicated counts from HMIS and the individual surveys (at the client level) and count forms (at the provider level) were compared, and a percentage was calculated reflecting a factor to be used when calculating the subpopulations based on % coverage reported. For example, if a CoC reported 1000 individual clients surveyed on the night of the PIT but 1250 total persons counted on the provider count forms, an adjustment factor of 125% (1250/1000 or total reported/total individuals surveyed) was applied to the subpopulation data that was calculated from the individual survey forms. Therefore, if the CoC identified 20 Veterans on individual surveys, the adjusted number of Veterans reported would be 25 (20 * 125%).

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).

The CoC used the "Other" methodology described in detail in the preceding narrative to produce the subpopulation numbers reported in this Exhibit 1.

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

If Other, specify:

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).

The results of individual surveys were entered into a MaineHousing database that wraps around HMIS data and incorporates other non-HMIS data, such as paper survey results for the PIT. Reports displayed unique IDs that appeared on multiple surveys or on surveys and in HMIS, along with the names of providers responsible for those surveys. MaineHousing staff contacted each provider with a "suspect" unique ID to investigate and resolve discrepancies between programs, so that each client was ultimately counted only once. Duplicates were found across voucher based & facility based programs. For example, RAC+ vouchers were sometimes used by clients living in TH facilities. It was decided that client counts would default to physical facilities first; therefore, voucher based counts were reduced by the appropriate number of clients who were identified as staying in these facilities.

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

If Other, specify:

The CoC sent additional individual survey forms to area shelters, encouraging them to conduct local street outreach in order to contact unsheltered persons where they knew they commonly congregate. Survey forms were also sent to service only and outreach programs such as soup kitchens, hospitals and municipalities with social service departments. A location ID was pre-printed on each additional form sent, so that when they were returned it could be easily identified which area the survey form covered.

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: Known Locations

If Other, specify:

20. 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 known 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:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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):

Data collected on survey forms of unsheltered populations allowed HMIS staff to create a unique ID for each unsheltered person identical in format to the unique ID used in the core HMIS system. When unsheltered surveys were entered into the MaineHousing database that wraps around the core HMIS system, clients could be deduplicated based on their unique IDs.

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):

For the last several years MaineHousing has implemented an Emergency Winter Response Plan. This plan makes funds available during the winter months to reimburse Emergency Shelters for the cost of providing temporary motel accommodations to families and individuals when the shelter facility is full. Maine Department of Health and Human Services provides Intensive Case Managers who conduct outreach to sheltered and unsheltered populations across the state to facilitate access to services and mainstream resources. A number of our shelters have also increased their Homelessness Prevention efforts, either by establishing new positions or expanding the roles of current case workers to include providing assistance to families and individuals at risk of becoming homeless.

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):

In addition to the efforts mentioned above, Maine Department of Health and Human Services conducts outreach and engagement through the Project for Assistance in Transition from Homelessness (PATH). PATH is designed to assist homeless adults with Serious Mental Illness and youth with Serious Emotional Disturbance and/or Substance Abuse. The Veteran's Administration Medical Center at Togus has 5 beds in its Lodger Unit available specifically for homeless veterans in need of emergency shelter, and has an Outreach Worker to seek out and engage sheltered and unsheltered homeless veterans in connection with the VASH Program. We believe all of these efforts have combined to have a direct impact on reducing the number of unsheltered chronically homeless and homeless families with children.

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).

MBOS is including a new application that will create 28 new S+C beds including 2 beds for CH. Maine DHHS started a waiting list in Sept. 2010 for S+C; as of November 6 there are 11 CH individuals on the list for the MBOS. Maine DHHS will continue tracking these numbers.

MaineHousing will also analyze HMIS data to determine the number of CH families, and assess their housing needs, to see if additional CH beds are needed for this population. MBOS serves rural Maine outside of Portland & Penobscot Cty. Some counties have no shelters and others have only DV shelters which hampers identification of people as CH. Documenting CH is difficult; there are vast geographic areas where they may camp and not be discovered. To maximize choice and utilization of available housing, especially in very rural areas, in the next 12 months we will target new units/beds for all homeless rather than designating CH beds.

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).

Through the PIT survey and HMIS, the MBOS Steering Committee will continue to monitor CH bed utilization & the number of CH identified, as well as where they are in the state relative to available CH beds. We will continue providing TA to standardize the documentation of CH individuals & families throughout the state, including distributing toolkits to field workers that assist with documentation. This includes a self-affidavit for use when 3rd party verification is not possible. We will encourage homeless housing providers to serve CH with general homeless beds rather than designating beds for CH. Designating beds as CH creates a barrier to serving non-CH, whereas CH may be served in general homeless beds. Instead, the Steering Committee will draft a policy for full MBOS review & approval that would give CH priority for all general homeless beds. We will continue to monitor the Maine DHHS wait list for S+C, and will create CH beds to address their needs as necessary.

How many permanent housing beds do you currently have in place for chronically homeless persons? 65

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 65

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 69

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 73

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).

MBOS exceeded this goal in the last 12 months. To maintain & improve performance Shalom House (S+C administrator) and PH/PSH housing providers will continue to offering both S+C and PSH residents housing choice and a menu of services to help them remain in PH for 6 months or longer. Through a grant from the federal Social Security Administration, Maine DHHS will provide SOAR training to Intensive Case Managers throughout Maine. This will improve their capacity to help homeless consumers with disabilities apply for SSI/SSDI to increase their income & their access to physical & behavioral health care services that support permanent housing retention.

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).

MBOS will continue the policies & procedures we have been using to exceed the HUD benchmark. The Data Committee will regularly analyze MBOS PIT & HMIS data, as well as APRs, to determine which programs or areas of the state have been most successful helping homeless people remain in permanent housing more than 6 months, and which need more assistance. The Community Engagement committee will partner with other Maine CoCs to jointly offer training on Mainstream Resources & SOAR to help providers ensure that formerly homeless tenants have access to resources needed to support long term tenancies. MBOS member agencies providing case management will work closely with landlords to help prevent evictions. The Disability Rights Center and Pine Tree Legal will do presentations on tenants rights and responsibilities.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 83

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

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).

MBOS exceeded HUD's benchmark in the last year. However, Maine is facing a nearly \$1 billion budget shortfall in the next biennium which may hamper continued achievement. MBOS and the Statewide Homeless Council will advocate for continued funding of services that have demonstrated success in achieving this and other HUD Strategic Goals. The Gaps & Data Committee will analyze HMIS data to identify individual TH providers success in meeting this goal. Successful strategies will be circulated. The Monitoring Committee will work with less successful programs to learn and implement strategies to improve performance. In the next 12 months CHOM will add 4 units of PSH for homeless women and their children who are fleeing domestic violence. In addition, the MBOS Selection Committee approved Maine DHHS for 28 new S+C beds, which will be placed in service as quickly as possible. These beds are in the HUD-identified rural areas of the state.

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).

Of 1,032 TH beds, only 93 (9%) receive McKinney funds. The Gaps & Data Committee will analyze HMIS data to identify the TH providers who have met this goal. Successful strategies will be circulated. The Monitoring Committee will work with less successful programs to learn and implement strategies to improve performance. MBOS will continue to use CoC funding to create new PSH and S+C beds. The MBOS Steering Committee will encourage developers to add special needs set-asides within larger affordable rental housing developments (Maine's QAP for LIHTC includes bonus points for homeless set-asides), and to explore leasing with CoC funding. The Steering Committee & the Statewide Homeless Council will work to increase the supply of affordable permanent housing by supporting applications to VASH, advocating for passage of SEVRA to increase the supply of Section 8 vouchers, & funding of the National Housing Trust Fund.

- 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?** 70
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 72
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 75

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).

This goal is hard to meet. Jobs are scarce in rural areas. A high percentage of MBOS funding goes to PSH for people with disabilities; of 1,245 PSH beds in MBOS, 873 (70%) are S+C. When people leave PSH it is often due to a crisis that causes them to be rehospitalized for an extended period, not because they are employed and self-sufficient. Also, of 1032 TH beds, only 93 (9%) are McKinney funded & submit APRs, which means that much CoC wide data are not captured in APRs. The MBOS has been approved for TA from TAC on how to help people who are or have been homeless to find and keep employment. The MBOS Community Engagement Committee will work with TAC to learn models, programs and strategies to help homeless people obtain and retain 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 TAC training MBOS is hosting early next year will consist of two sessions. The first will be for front line staff to help them better utilize the resources that are available right now. The second session will be for people in leadership and policy making positions in state and non-profit agencies and will focus on restructuring our current system to encourage more employment options and opportunities for people with disabilities or other barriers to success in traditional work environments. The MBOS Community Engagement, Steering Committee and the Statewide Homeless Council will continue implementing the strategies identified through TAC to assist with employment in the coming years.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 11
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 12
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 15
- In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 20

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)

This may be a difficult goal for us; due to the recession all non-DV family shelter beds in MBOS are typically full & overflow beds are in regular use. HPRP funds will run out in many areas right before the next PIT. While it lasts, MaineHousing HPRP-funded Housing Retention & Stability Specialists will provide services, security deposits, and short term (3 mth) rental assistance to help families bypass shelters & get housed. HPRP will also fund legal representation in District Courts for families threatened with eviction. MaineHousing is funding a follow-up study of families 6 months after they were assisted with HPRP to determine if they are still housed, and what services/supports were most helpful in preventing or shortening homelessness. Results will be shared with MBOS and the Statewide Homeless Council in order to prioritize services and supports that should be provided with new ESG funds.

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

MaineHousing will engage homeless shelter, service, and housing providers statewide in discussions regarding how to re-allocate state and federal ESG funding to improve system performance in preventing homelessness and reducing the length of time people are homeless. MBOS Steering Committee will conduct a utilization review to see where shelter, TH, and PH bed vacancies are occurring and work with the MBOS Steering Committee on how best to use them. The MBOS Data Committee will use follow up data from research MaineHousing is doing to improve program design and performance.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 74

In 12-months, what will be the total number of homeless households with children? 72

In 5-years, what will be the total number of homeless households with children? 68

In 10-years, what will be the total number of homeless households with children? 65

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):

In 2003 Maine DHHS adopted new policies emphasizing family reunification & kinship care, using residential care placements for medical need only, reducing the number of children in care by 50 percent (from 3500 to 1700 currently). Maine policies and procedures for helping youth transition safely from foster care to independence include 1)V.D-7. Relative Placement and Kinship Care Including Fictive Kin; 2)IX.A. Permanency Guardianship; 3)V.K. Education Beyond High School; 4)VL-1. Extension/Termination of Care at Age 18; and 5)V. T. Maine Title IV-E Independent Living Program. When possible youth are discharged from foster care to their families, kinship care, or another committed, caring adult. Transition planning begins at age 15 with the youth & the family team (including family/kin, friends, & youth serving orgs.) & focuses on permanency, well-being, & safety. By policy, transition planning protocols were developed with input from public & private child welfare agencies & the Statewide Homeless Council, & are aligned with federal HHS guidelines for R&HY programs. Youth discharged to independence are helped with Sect. 8 subsidies & other mainstream resources; those requiring ongoing support are transitioned to Adult Services. Maine uses High Fidelity Wraparound & the Community Partnerships for Protecting Children to support at-risk children & families, helping to prevent foster care placement and homelessness.

Health Care:

The Statewide Homeless Council (membership includes all 3 of Maine's CoCs) worked with hospitals on Guidelines governing discharge of homeless people with health issues from hospitals. Guidelines have been approved by the Statewide Homeless Council and the Maine Dept. of Health & Human Services (Maine DHHS). Maine DHHS funds most case managers who assist with discharge planning & transition to the community. The Guidelines instruct hospitals to begin the discharge planning process on admission. Patients are to be discharged with appropriate clothing & with a plan for accessing required medications/supplies. Each Maine hospital or community discharge location must designate a management team member to oversee ongoing compliance with the Guidelines. Patients are to be discharged to family, friends, to TH, or to their own apartment. Discharges to shelters and McKinney funded housing are to be avoided. Patients may be discharged to TH such as BRAP or other programs. If patients were documented to be homeless before entering the hospital they may be discharged to S+C or SHP housing.

Mental Health:

Riverview & Dorothea Dix, Maine's 2 publicly-funded mental health hospitals, will participate in SOAR Training set for Jan 2011 to connect patients with SSI/SSDI and other mainstream benefits as part of their standard discharge planning. Both have adopted a discharge planning process that begins at admission & is pursued during the hospital stay to connect clients back to community supports. The treatment team includes the client, community support providers, family and friends, & other natural supports. The team works with the client to identify housing & services which will support ongoing recovery once discharged. Placement options include residential treatment facilities, permanent housing, BRAP TH rental vouchers, other community living arrangements, or returning home to friends or family. Neither institution supports or advocates for discharge to homelessness or to an emergency shelter. If patients were documented to be homeless before entering the hospital they may be discharged to S+C or SHP housing.

Corrections:

An MOA signed in 2005 by MaineHousing, the Maine Dept. of Corrections, & the Maine Re-Entry Network remains in effect. The MOA enhances non-McKinney housing related opportunities & services to currently or formerly incarcerated offenders ages 18+ to prevent release of prisoners to shelters or the streets. It details the responsibility of the Reentry Specialists in working with offenders in pre-release planning. MaineHousing provides RAC+ (TBRA) to support housing tenure until recipients become employed & self-sufficient. These partnerships have worked well to prevent release from corrections to homelessness, & follow-up helps to sustain housing tenancies once prisoners are released. The ME Dept. of Corrections (DOC) has a contract with Kennebec Behavioral Health (KBH) to provide temporary housing for released women statewide. The MOA targets women offenders ages 18+. It provides payment of security deposit & 1st months rent. DOC also has a contract with Volunteers of America to provide housing and services for released prisoners- this is also statewide. Both KBH & VOA support re-entry for prisoners released from state correctional facilities who are ineligible for HUD-assisted public housing due to their corrections history. Maine DHHS provides Intensive Case Managers who assist with pre-release planning for inmates with mental illness. Inmates may also be released to family/friends. Prisoners are not to be discharged to the streets or shelters.

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: All of them. The newly revised State of Maine Consolidated Plan for 2010 to 2014 includes the entire MBOS CoC application as an appendix and makes frequent reference throughout the text to a number of programs specifically designed to assist people who are homeless including CoC, ESG, NSP, & HPRP. Serving Homeless Persons and Families is listed as a HIGH Priority in the plan. In addition to the support provided to the 3 Maine CoCs, MaineHousing, co-author of the plan with Maine DECD, sponsors an annual Housing for the Homeless RFP, operates the RAC+ tenant based voucher program for people who are homeless, and prioritizes people who are homeless in the Section 8 programs they administer.

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):

MaineHousing coordinates HPRP in Maine non-entitlement communities. It is also the lead agency for MBOS CoC, & for the statewide HMIS system. Finally, it administers other housing programs including ESG, Section 8 Vouchers, LIHEAP, Weatherization, LIHTC, & other rental housing development programs. In these roles it also coordinates closely with the 2 other CoCs in Maine. MaineHousing solicited input from MBOS & the 2 other CoCs re: the design of HPRP. It also established an Advisory Committee with representation from Maines 3 CoCs to assist with the subgrantee selection process for each county. Some MBOS members served on the HPRP Advisory Committee to select sub-grantees. Other MBOS members are subgrantees; their role is to link clients with Mainstream Resources that support housing stability. MaineHousing's HPRP program is divided into a Homeless Diversion & Prevention Project; Engagement & Stabilization; Security Deposits; & Homeless Advocacy (legal services to prevent eviction). Sub grantees report activity through HMIS & other reporting mechanisms.

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)?

DECD administers Maine NSP & CDBG-R programs for non-entitlement areas. NSP funds were allocated to areas hardest hit by foreclosures. To comply with NSP requirement to target 25% of funds to individuals & families earning less than 50% AMI, DECD set-aside \$5,000,000 in NSP funding for MaineHousing to administer in identified Areas of Greatest Need. MaineHousing Issued an RFP through the Regional Homeless Councils to acquire & rehab foreclosed properties into PSH & PH for homeless persons and Expanded its supportive housing program to fund the acquisition & rehab of foreclosed upon properties for people that have special needs. Mortgage covenants in both programs will protect use & affordability for 30 years. York County Shelter Programs Inc., an active MBOS member agency, was able to utilize NSP funds to create 8 units of PH for Homeless families in Biddeford, ME and 10 units in Sanford, ME. They also acquired 6 homes that will be re-sold to formerly homeless families through their Homeownership initiative. Tedford Housing, another active MBOS member agency, was able to access \$10,000 of CDBG funding toward an 8 unit PSH project for Homeless Families in Lewiston, ME. The CDBG-R program will preserve 72 jobs in rural northern Aroostook County. Preserving jobs helps prevent homelessness. Other CDBG-R projects are in high LMI areas in 7 rural towns, & Indian Township, providing 152 jobs, vital to sustaining families in rural towns. VA offers eligible homeless veterans the Healthcare for Homeless Veterans (HCHV) program, which includes HUD VASH. VASH in Maine began with an award of 36 HUD VASH vouchers in FY08. The Togus VASH program partnered with MaineHousing for the 1st round of vouchers. To date 36 veterans entered VASH case management, 32 vouchers issued, & 28 veterans housed. Togus VA Medical Center (VAMC) Veteran Homeless Services staff participate in the Regional Housing Councils & 3 Maine CoCs. Togus VASH contracted with CHOM, a nonprofit affordable housing developer, to develop a 6 unit PSH project in Oakland, ME. The property is under construction; HUD VASH will provide 6 VASH vouchers with supportive case management. Each VAMC is required to participate in CHALENG (Community Homelessness Assessment, Local Education, & Networking Groups) designed to enhance VA homeless services. Through CHALENG each VAMC is required to collaborate with community providers & CoCs.

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? No

If yes, please describe the established policies that are in currently in place. MBOS does not currently have a CoC wide education policy. We are collecting relevant information from our member agencies and waiting until the HEARTH Act regulations are released to ensure that we develop and adopt a policy that fully conforms to them.

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)

We are making progress on this issue. Maine policy requires schools to appoint homeless liaisons. Both the Homeless Coordinator from Maine Dept. of Education and the Director of Keeping Maine's Children Connected have presented at MBOS meetings, and MBOS members have attended their meetings as well. The Steering Committee is working to improve communication between shelters and the school liaison system. Shared learning is presented at regional and statewide meetings.

The Dept. of Ed is currently exploring the possibility of cross referencing its data base with HMIS in order to improve tracking. Maine DHHS is exploring how to improve data sharing across agencies through informed consent. Maine DHHS is drafting consent forms now that will be put in use in the next 12 months. About 77% of homeless youth & family service providers responding to a recent MBOS survey indicated that they have someone on staff assigned to collaborate with local school liaisons.

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)

In many areas of the state there are no shelters. School liaisons assess family needs on a case by case basis. Schools will transport to the school of origin if it is within a reasonable distance, or support enrollment in a new school system if that is preferred. Schools are still assessing economics of transportation, and their own responsibilities for providing it. The Statewide Homeless Council is currently reviewing policies adopted by most DV shelters and a few family shelters that prohibit them from offering beds to high school aged males, which further limits options for some 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)

The MBOS has active representation from the Veterans Administration. Veterans housing and service providers include all emergency shelters, CHOM, and Volunteers of America, community action programs, and Veterans Inc. MaineHousing, Maine DHHS and the VA have partnered to bring additional VASH vouchers and service capacity to Maine. The MBOS goals are to quickly identify vets, verify their eligibility, and connect them to VA and other Mainstream Resources. These fit with the Maine 10 Year Plan. MaineHousing received 25 VASH vouchers in 2010 and has applied for 50 more. MaineHousing is encouraging applications for some of the 500 project-based VASH vouchers available in the fall 2010 funding round. Maine will continue to apply for federal grant funding as available. The Homeless Veterans Working Group meets at Togus on a monthly basis. VA liaisons are members of and attend the Statewide Homeless Council meetings.

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 whose 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?** No

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.	0	Beds	7	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	80	%	83	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	%	75	%
Increase percentage of homeless persons employed at exit to at least 20%	12	%	11	%
Decrease the number of homeless households with children.	70	Households	74	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.

Objs. #4 & #5 are challenging. MBOS mostly funds PSH for homeless with MI, SA, or both, for whom regular employment is difficult. We have no CoC-funded employment program, high unemployment rates statewide, almost no public transportation & the poor economy makes finding any job difficult now. Low PSH turnover also penalizes us because employment is only recorded at program exit, and most clients do not exit due to self-sufficiency. Two of our TH projects strive to move people quickly (in 15-90 days) into PH or PSH so clients are often not yet employed. We have few resources in rural counties to divert families from shelters or re-house them quickly.

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	29	50
2009	25	58
2010	32	65

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.

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					
Operations	\$40,577				
Total	\$40,577	\$0	\$0	\$0	\$0

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

The number of Chronically Homeless persons reported this year increased by 7 over our 2009 figure. We believe the 2010 number actually represents a more accurate figure than we were able to provide in the past because we are relying more on HMIS data to calculate Chronic Homeless status. In the past, most of our PIT data was collected on paper forms based on client interviews, where the clients often could not or would not report accurately, or on staff knowledge, which was limited to only their own program records. By drawing on HMIS data we are able to cross check length of time homeless, number of separate episodes and disability status across programs, so clients who move from shelter to shelter are now showing up in these reports.

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)	180
b. Number of participants who did not leave the project(s)	603
c. Number of participants who exited after staying 6 months or longer	149
d. Number of participants who did not exit after staying 6 months or longer	504
e. Number of participants who did not exit and were enrolled for less than 6 months	99
TOTAL PH (%)	83

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	117
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	88
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: 297

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	68	23	%
SSDI	77	26	%
Social Security	7	2	%
General Public Assistance	1	0	%
TANF	25	8	%
SCHIP	0	0	%
Veterans Benefits	3	1	%
Employment Income	34	11	%
Unemployment Benefits	2	1	%
Veterans Health Care	5	2	%
Medicaid	200	67	%
Food Stamps	186	63	%
Other (Please specify below)	76	26	%
State Supplemental(35) Medicare(32) Retirement/Pension(4) Private Insurance(2) Child Support(1) Workers Comp(1) Long Term Disability(1)			
No Financial Resources	66	22	%

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? Yes

4E. Section 3 Employment Policy Detail

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

If Yes to above question, click save to provide activities

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

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Preference policy for hiring low and very low income persons residing in the service area

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 MBOS Monitoring Committee reviews projects' APRs to assess and improve their utilization of mainstream programs. This occurs annually at the time of project submission. Projects are provided feedback on their performance in enrolling homeless consumers, and committee members suggest strategies for improving their performance. MBOS also focuses training and workshop efforts on those areas that show the greatest need for improvement.

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.

May 18, 2010; June 3, 2010; July 13, 2010; September 14, 2010, October 19, 2010.

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).

We had a SOAR Training in March of 2009 and SOAR Trainings are already scheduled for Jan 6th and 7th 2011.

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

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

Activity	Percentage
<p>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</p> <p>Case Managers meet one-on-one with clients to develop an Individualized Support Plan. This process identifies clients' needs and eligibility for Mainstream Resources (MR). Case Managers may have MR applications that they can help clients fill out; otherwise, they assist clients in obtaining needed applications by accompanying them or providing transportation assistance to the MR office. Case Managers help clients complete applications and resolve obstacles to application completion. For example, if clients lack ID or other needed documentation Case Managers help them obtain that.</p>	97%
<p>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</p>	75%
<p>3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:</p> <p>Maine has one application that provides access to four mainstream resources: Food Stamps, TANF, & MaineCare (Medicaid) and Emergency Assistance through GA. Also, the VA has a single application for all VA benefits.</p>	100%
<p>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. 4a. Describe the follow-up process:</p> <p>MBOS covers most of Maine (except Penobscot County & the City of Portland - each a separate CoC). MBOS includes a diverse array of providers, so the process may vary slightly, but generally, providers check to verify that applications have been completed, and they will check with clients to verify that they have received the benefits. If they have not, Case Managers will help clients contact the MR office and ask about the status. Case Managers also check with clients, as part of their regular meetings, to verify that they are continuing to receive MR, and if there are problems they will help to resolve them. Clients are encouraged to contact Case Managers if they have difficulty with their MR and do not feel comfortable negotiating with the MR office directly.</p>	84%

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.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Maine Lewiston 1-10	2010-10-13 15:28:...	1 Year	State of Maine, D...	103,776	Renewal Project	S+C	TRA	U
Mid Maine Support...	2010-11-09 16:17:...	1 Year	Kennebec Behavio...	32,838	Renewal Project	SHP	PH	F
Smith Transitiona ...	2010-11-09 15:03:...	1 Year	York County Shelt...	111,127	Renewal Project	SHP	TH	F
State of Maine HMIS	2010-11-08 09:26:...	1 Year	Maine State Housi...	154,959	Renewal Project	SHP	HMIS	F
Maine 8	2010-10-15 13:31:...	5 Years	State of Maine, D...	276,120	New Project	S+C	TRA	X
Milbridge Harbor ...	2010-11-09 14:41:...	1 Year	Washingto n County...	28,927	Renewal Project	SHP	PH	F
Maine 10	2010-11-10 10:20:...	5 Years	State of Maine, D...	808,980	New Project	S+C	TRA	F2
Fair Haven	2010-10-27 14:50:...	2 Years	Communit y Housing...	290,025	New Project	SHP	PH	X
State of Maine HM...	2010-10-26 14:38:...	1 Year	Maine State Housi...	66,431	Renewal Project	SHP	HMIS	F
Maine 2-10	2010-10-27 14:38:...	1 Year	State of Maine, D...	1,510,584	Renewal Project	S+C	TRA	U
19 Everett Street	2010-10-13 16:26:...	1 Year	Tedford Housing	16,519	Renewal Project	SHP	PH	F
Westman Village /...	2010-11-10 10:10:...	1 Year	Bread of Life Min...	12,600	Renewal Project	SHP	PH	F

19 Pleasant Street	2010-10-14 12:32:...	1 Year	Tedford Housing	6,825	Renewal Project	SHP	PH	F
Transitional Housing	2010-10-19 14:38:...	1 Year	Hope and Justice ...	27,251	Renewal Project	SHP	TH	F
CSI Woodbridge re...	2010-11-09 10:15:...	1 Year	Counseling Servic...	64,410	Renewal Project	SHP	PH	F
Maine 12-10	2010-10-22 16:50:...	1 Year	State of Maine, D...	553,860	Renewal Project	S+C	TRA	U
Boothby Street / ...	2010-11-10 10:18:...	1 Year	Bread of Life Min...	73,500	Renewal Project	SHP	TH	F
Brand New Day	2010-11-09 14:55:...	1 Year	York County Shelt...	33,238	Renewal Project	SHP	TH	F
State of Maine HM...	2010-10-26 14:42:...	1 Year	Maine State Housi...	163,800	New Project	SHP	HMIS	F3
Maine 1-10	2010-10-13 15:21:...	1 Year	State of Maine, D...	1,535,364	Renewal Project	S+C	TRA	U
Invincible Housing	2010-10-27 10:50:...	2 Years	Community Housing...	300,000	New Project	SHP	PH	X
New Beginnings Tr...	2010-11-10 11:27:...	1 Year	New Beginnings, Inc.	167,116	Renewal Project	SHP	TH	F
Somerset Housing	2010-11-10 10:41:...	2 Years	Community Housing...	283,253	New Project	SHP	PH	P1
Maine 13-10	2010-10-13 15:24:...	1 Year	State of Maine, D...	205,548	Renewal Project	S+C	TRA	U
Within Transition..	2010-11-09 15:18:...	1 Year	York County Shelt...	99,174	Renewal Project	SHP	TH	F
Permanent Housing...	2010-10-27 11:54:...	1 Year	Community Housing...	19,635	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$1,887,330
Permanent Housing Bonus	\$283,253
SPC Renewal	\$3,909,132
Rejected	\$866,145

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2010 MBOS (ME-500...	11/15/2010

Attachment Details

Document Description: 2010 MBOS (ME-500) Consolidated Plan
Certifications