

## Continuum of Care Narrative

The Exhibit 1 submission for applicants involved in the same Continuum of Care strategy must be identical. The information will be in narrative and chart form, as indicated below.

To ensure that no applicant is afforded an advantage in the rating of the Continuum of Care Exhibit [described in Section V(A)(4) of the NOFA], HUD is establishing a limitation of 30 pages on the length of Exhibit 1. Except as indicated herein, all pages, including attachments, are counted towards the 30-page limitation. ***HUD will not consider the contents of any pages exceeding this limit when rating Exhibit 1: Continuum of Care of any application.***

### 1. Your Continuum of Care's accomplishments.

Briefly describe the specific accomplishments over the past 12 months in implementing your Continuum of Care strategy. (Please keep discussion to no more than half a page)

### 2. Your community's planning process for developing a Continuum of Care strategy.

In order to determine the quality and inclusiveness of your Continuum of Care (CoC) **planning process**, please provide the following:

- a. **Identify** the lead entity (i.e., convenor or organization managing the overall process) for the CoC planning process.
- b. **Describe** your community's CoC planning process, demonstrating that one well-coordinated process is in place with no overlapping or duplicative efforts.
- c. **List** the dates and main topics of your CoC planning meetings held since June 2002, which should demonstrate that these meetings (**both plenary and committee**) are: (1) regularly scheduled; (2) held year round; and (3) not solely focused on developing an application in response to the NOFA.
- d. **List**, using the format on the following page:
  - (1) the specific names and types of organizations involved in your Continuum of Care (CoC) planning process, such as State and local government agencies, Public Housing Authorities (PHAs), nonprofit organizations, individual businesses or business associations, homeless or formerly homeless persons, and others, including law enforcement, hospital or medical facility representatives, and funders;
  - (2) the one or two subpopulation(s) the organization/entity primarily serves and whose interests they are specifically focused on representing; and
  - (3) each organization's level of participation in the planning process. High participation levels might include: steering committee member attends all monthly planning meetings, housing subcommittee member attends most CoC planning meetings, gaps analysis subcommittee chairperson attends all group meetings and most CoC planning meetings, etc. In order to obtain a higher competitive score for "participation", planning participants must attend most of the planning and/or committee meetings. In addition, if more than one geographic area is claimed on the 2003 Application Summary page, you must indicate which geographic area(s) each organization represents in your Continuum of Care planning process.

*(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)*