



CoC NY-511: Binghamton/Uniontown, Broome, Chenango, Cortland, Delaware, Otsego, & Tioga Counties

Approving Committees for Planning Lead, HMIS Lead, and CE Lead Work

Task	Board	Governance	HMIS/CE Committee	Membership	NOFA
Coordinated Entry Lead					
Review/Revise Coordinated Entry Policies & Procedures	<input checked="" type="checkbox"/> 2 nd	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input type="checkbox"/>
HMIS Lead					
Approve PIT Methodology Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd
Approve the Longitudinal Systems Analysis (LSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd
Approve the System Performance Measures (SPMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd
Review the Longitudinal Systems Analysis (LSA)	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd	<input type="checkbox"/>
Review/Revise HMIS Policies & Procedures	<input checked="" type="checkbox"/> 2 nd	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input type="checkbox"/>
Planning Lead					
Approve CARES Scope of Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approve CoC Registration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Approve HIC/PIT Process	<input checked="" type="checkbox"/> 2 nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 st
Approve Monitoring Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd	<input checked="" type="checkbox"/> 1 st
Approve NOFA Priorities/Written Standards	<input checked="" type="checkbox"/> 2 nd	<input checked="" type="checkbox"/> 3 rd	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4 th	<input checked="" type="checkbox"/> 1 st
Approve Rank & Review Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd	<input checked="" type="checkbox"/> 1 st
Approve Rank & Review Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd	<input checked="" type="checkbox"/> 1 st
Approve Rank & Review Tiering	<input checked="" type="checkbox"/> 2 nd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3 rd (if time)	<input checked="" type="checkbox"/> 1 st
Approve Rank & Review Tool (Part 1 & 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd	<input checked="" type="checkbox"/> 1 st
Complete Grant Inventory Worksheet (GIW) (Agencies Must Confirm their own numbers first)	<input checked="" type="checkbox"/> 3 rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd	<input checked="" type="checkbox"/> 1 st
Review the System Performance Measures (SPMs)	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd	<input type="checkbox"/>
Review/Revise By-Laws	<input checked="" type="checkbox"/> 2 nd	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3 rd	<input type="checkbox"/>



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Review/Revise Grievance Policies & Procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2 nd	<input type="checkbox"/>
Review/Revise Operating Policies & Procedures	<input checked="" type="checkbox"/> 2 nd	<input checked="" type="checkbox"/> 1 st	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3 rd	<input type="checkbox"/>