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.

CoC Name and Number (From CoC Registration): NC-505 - Charlotte/Mecklenburg County CoC

CoC Lead Organization Name: Homeless Services Network

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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: Homeless Services Network (HSN) Steering Committee

Indicate the frequency of group meetings: Monthly or more

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) 81%

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

All members of the HSN Steering Committee must meet certain criteria to be eligible for election. Nominations to the Steering Committee come from a nominations committee and from the general membership. All are elected by a majority vote of the full HSN membership. This process was established to ensure the broadest representation of all constituents.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	X

Specify "other" process(es):

A slate of officers is proposed to the HSN voting members annually and additional nominations can come from the floor. The bylaws do not specifically stipulate the number of terms members can serve. Officers can be nominated from any of the member organizations, which include private non-profit, faith based and government programs.

If HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

The current HSN structure includes responsibility for the activities of applying for HUD funding, project reviews and needed oversight. Additional administrative funds would allow HSN to expand its capacity to provide more comprehensive oversight, program monitoring and to act as the grantee. HSN currently has no regular paid staff. This shift would require the addition of a position responsible for coordination, research, evaluation and Webmaster functions.This structural change would require a shift in the manner that HSN and the member agencies relate to one another. This shift would need to occur over time and with adequate community input to ensure a smooth transition and agreement to collaborate under a new administrative structure.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Advocacy Committee	Monthly or more
CoC 10 Year Plann...	Monthly or more
Data Management a...	Bi-monthly
CoC Application P...	Monthly or more
Point in Time Com...	Semi-annually
Priority Setting ...	Semi-annually
Re-Entry Network	Monthly or more
United Way Econom...	Quarterly
Mecklenburg Counc...	Monthly or more
United Way Crisis...	Monthly or more
United Way Commun...	Monthly or more
Emergency Winter ...	Monthly or more
Jeremiah Group	Monthly or more
Charlotte Housing...	Monthly or more
Regional Homeless...	Monthly or more
Recovery Solutions	Monthly or more
Regional HIV/AIDS...	Quarterly
Access to Mainstr...	Quarterly
Homeless Helping ...	Monthly or more
FEMA Task Force	Semi-annually
Mecklenburg CARES...	Quarterly
Domestic Violence...	Monthly or more
Interagency Counc...	Monthly or more
Statewide Local M...	Quarterly
Mecklenburg Housi...	Bi-monthly
Housing Charlotte...	Monthly or more
NC Coalition to E...	Monthly or more
ESG Task Force	Annually
HSN Executive Com...	Monthly or more
Help the Homeless...	Monthly or more
Unity	Monthly or more
Discharge Plannin...	Quarterly

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Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Advocacy Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Focuses on implementation of coordinated strategies for addressing homelessness, and advocating for changes needed to improve system-wide support and cooperation.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: CoC 10 Year Planning Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Addresses issues specific to the creation and functioning of emergency, transitional, permanent supported and permanent housing for people who are homeless or at risk of becoming homeless. This committee also coordinates service planning to ensure that sufficient services for the homeless are available and part of a seamless continuum of services.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

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Name of Committee/Sub-Committee/Work Group: Data Management and Research Committee-HMIS

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Oversees the development and utilization of the CSN (Client Services Network-local HMIS) database, which allows the sharing of information among agencies serving homeless people.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: CoC Application Planning Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Coordinates the development of the annual HUD CoC application and system-wide planning that goes beyond the CoC application process.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Point in Time Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

A group of providers that coordinates the annual point-in-time count.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

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Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Priority Setting Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Evaluates and ranks CoC applicant projects for the HUD submission. Contains community representatives from the United Way and A Way Home boards of directors, and at large community representation, including homeless or formerly homeless persons.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Re-Entry Network

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Brings together local and State agencies that deal with discharge planning to coordinate discharge plans for people being released from the criminal justice, health and mental health systems who will be homeless; supports state legislation; develops committee agenda and focus.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: United Way Economic Independence Council

Indicate the frequency of group meetings: Quarterly

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Describe the role of this group:

Works with CoC members in planning community economic development.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Mecklenburg Council on Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Planning/coordination for Ten Year Plan to End Homelessness; linkages to Housing Trust Fund and other housing resources; support for Housing First model plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: United Way Crisis and Shelter Council

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

United Way funding review and prioritization of agencies that work with homeless individuals and families, orientation to new housing programs; works with prioritization of CoC applications for funding (subgroup).

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

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Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: United Way Community Building

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Works with CoC members to ensure that the CoC priorities and programs are incorporated into community plans and actions.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Emergency Winter Shelter

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee has completed the work of opening a Winter Shelter but it continues to meet on a monthly basis to look at shelter operations, and consider the options for becoming a year round facility as there is a great need for year-round low demand shelter.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Jeremiah Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

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Ministers and lay members of the churches meet to discuss problems in the community especially homelessness. Then they return with this information to their congregations and often work in concert with each other to provide seed money for some pressing need, but only on a one-time basis.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Charlotte Housing Trust Fund

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A $15 million trust fund established by the City of Charlotte to leverage affordable housing projects, including housing for the homeless and very low-income. Works with CoC to ensure needs of homeless incorporated in to use of funds.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Regional Homeless Veterans Stand Down Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

With CoC members, addresses the needs of homeless veterans, including housing, health care, substance abuse treatment, and transportation throughout North Carolina. Plans and implements annual Stand Down.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

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Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Recovery Solutions

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Sub Committee that focuses on policy and process for connection discharge planning from jail.Works in collaboration with Mecklenburg County Criminal Justice System and Area Mental Health.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Regional HIV/AIDS Consortium Housing Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Coordinates housing and housing services for homeless individuals and families affected by HIV disease. (HOPWA and Housing Voucher Program) Coordinates medical services and provides substance abuse services for persons with HIV and AIDS.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Access to Mainstream Mental Health Services

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

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CoC ad hoc task team to identify steps to be taken over the next three to five years to improve access to mainstream mental health and substance abuse resources for people who are homeless.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Helping Homeless

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Provides a forum for homeless individuals to advocate on their own behalf and to provide support for one another. The Urban Ministry Center helps sponsor this group. CoC members participate. This group meets weekly. This group has established cooling stations for the homeless during hot weather, provides representation at the National Homelessness Conference, sponsors an annual candidate's forum and hosted the ICH meeting with Charlotte/Mecklenburg officials to endorse the 10 year Plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: FEMA Task Force

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Makes decisions about the disbursement of FEMA funds. Coordinates with CoC member programs. Local committee that represents FEMA, and a wide variety of social service providers, that meet to allocate and disburse FEMA dollars to expand shelter provider and other homeless service provider capacity.

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Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Mecklenburg CARES- Independent Living Team

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Discharge planning for those aging out of foster care, coordinates with CoC member programs who work with homeless youth.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Domestic Violence Advocacy Council

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Public policy and advocacy related to domestic violence and homelessness. They ensure coordination and collaboration between service providers and advocates. They facilitate monthly training programs.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Interagency Council on Coordinating Homeless Programs

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Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Interagency Council on Coordinating Homeless Programs (ICCHP) is a statewide group that acts as a resource to homeless services providers in the areas of advocacy, public policy and connecting providers with information on housing funding initiatives. Monthly conference call between all 10 year Plan administrators to coordinate and share best practices.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Statewide Local Management Entity (LME) Housing Planning Council

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Work with community partners to develop a range of housing/residential capacity within the LME's geographic area regardless of disability.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Mecklenburg Housing Support Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Network of community support providers including CoC members for the purpose of referrals to NC DHHS/NC Housing Finance Agency Targeted Units.

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Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Housing Charlotte Advisory Board

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee convenes to address the growing affordable housing crisis and its impact on the homelessness crisis, develop possible solutions for further study and action. Subcommittees are looking at rental subsidies, dedicated income streams, inclusionary zoning and awareness. Active coordination with 10 Year Plan activities.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: NC Coalition to End Homelessness (Board of Directors)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The North Carolina Coalition to End Homelessness is a statewide membership nonprofit created to secure resources, encourage public dialogs, and advocate for public policy change to end homelessness. Two Charlotte/Mecklenburg CoC members are on the NC CEH Board.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

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Name of Committee/Sub-Committee/Work Group: ESG Task Force

Indicate the frequency of group meetings: Annually

Describe the role of this group:

To review priorities and requests for ESG grant funds and allocate those funds across the community.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HSN Executive Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Sets the agenda for HSN, identifies priority public policy issues regarding homelessness, appoints ad hoc committees to address current challenges, recruits new membership, receives and distribute minutes and actions of HMIS Data committee.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Help the Homeless Awareness Walk

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Planning and implementation of an annual walk to raise awareness of the scope of homelessness in Charlotte/Mecklenburg.

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Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Unity

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Group of all providers who are involved in hunger aspect of poverty. They provide food to all shelters, drive advocacy, awareness and policy issues around hunger.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning group for State Psychiatric Facilities

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Area Mental Health, homeless service providers and representatives of the State Psychiatric Facilities coordinate discharge planning for individuals and policy recommendations.

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1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
City of Charlotte Attorney's Office	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Interagency Council on Coordinating Homelessnes...	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
City of Charlotte Neighborhood Development Dept.	Public Sector	Local g...	Authoring agency for Consolidated Plan, Committee/Sub-com...	NONE
Community Relations Committee	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Mecklenburg County Area Mental Health	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Mecklenburg County Dept. Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Domes...
Mecklenburg County Community Support Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Do...
Charlotte Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
University North Carolina Charlotte	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Charlotte-Mecklenburg School system	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Charlotte-Mecklenburg Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Mecklenburg County Sheriffs Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Workforce Development Board	Public Sector	Local w...	None	NONE
Carolinas Healthcare	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Community Health Services	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Presbyterian Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Shelter Health Services, Inc.	Private Sector	Hospita...	None	NONE

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A Childs Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
A Way Home	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Center for Urban Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Charlotte Emergency Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Charlotte Apartment Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Charlotte Rescue Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Community Link	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Crisis Assistance Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Emergency Winter Shelter, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Center for Community Transitions-formerly Ener...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Hope Haven	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
House of Grace	Private Sector	Non-pro..	None	Substance Ab...
Regional HIV/AIDS Consortium	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Self Help Credit Union	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Shelter for Battered Women	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
St. Peters Homes	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
United Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
Uptown Mens Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

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Charlotte/Mecklenburg County Continuum of Care				COC_REG_v10_000059
Youth Network	Private Sector	Non-pro...	None	Youth
YWCA	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
Christ Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Covenant Presbyterian	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Jeremiah Group	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Mecklenburg Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Providence United Methodist	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Fannie Mae	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Crosland	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Charlotte/Mecklenburg Housing Partnership	Public Sector	Other	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Habitat for Humanity	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
BellData System	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
United Way of Central Carolinas	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Charlotte Housing Trust Fund	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Rob Weigle	Individual	Homeles...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Lasawn Whiters	Individual	Homeles...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
The Duke Endowment	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Foundation for the Carolinas	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Council for Children's Rights	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Charlotte Apartment Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Caldwell Memorial Presybterian Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE

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City of Charlotte Community Planning	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Mecklenburg County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
Mecklenburg County Dept. of Finance	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Mecklenburg County Health Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Jacob's Ladder	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Home Aid Charoltte	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Charlotte Mecklenburg Mental Health Emergency S...	Public Sector	Other	None	NONE
Jemsek Project	Private Sector	Non-pro...	None	NONE
MAP	Private Sector	Non-pro...	None	HIV/AIDS
Total Care	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
PSO	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Succession	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Person Centered Partnership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Urban Ministry Center- Room in the Inn	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Family Promise	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Community Outreach Church	Private Sector	Faith-b...	None	Substance Abuse
Homeless Support Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Time Out Youth	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
CMC ACT Teams	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
CMC Crisis Stabilization Unit	Public Sector	Other	None	Seriously Me...
Family Preservation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...

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Charlotte/Mecklenburg County Continuum of Care				COC_REG_v10_000059
Urban Ministries	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Victory Christian Center	Private Sector	Faith -b...	None	NONE
University Park	Private Sector	Faith -b...	None	NONE
Crisis SyS Mcklenburg Mobile Crisis Team	Public Sector	Othe r	None	Seriousl y Me...
Samaritan House	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Jackson Park Transitional Housing	Private Sector	Faith -b...	None	NONE
Freedom House Transitional Housing	Private Sector	Non-pro.. .	None	Substan ce Abuse
Florence Crittendon	Private Sector	Non-pro.. .	None	Youth
Rescue Mission- Rebound- Dove's Nest	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Abuse
Hoskins Park Transitional Housing	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months	Substan ce Abuse
Community Choice Cascade	Private Sector	Faith -b...	None	Substan ce Abuse
Gift of Love Recovery in Love	Private Sector	Non-pro.. .	None	Substan ce Abuse
Blessings in the Storm- Transitional Housing	Private Sector	Faith -b...	None	NONE
ACCESS	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Friendship CDC	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Goodwill of the Southern Piedmont	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Legal Aid of North Carolina, Charlotte	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Legal Services of Southern Piedmont	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Mecklenburg County Parks and Recreation Dept.	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods:
(select all that apply)
a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

Rating and Performance Assessment Measure(s):
(select all that apply)
a. CoC Rating & Review Commitee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

Voting/Decision Method(s):
(select all that apply)
a. Unbiased Panel/Review Commitee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

Overall increase of 74 beds. Individual beds decreased by 13-The Uptown Shelter added 9 individual beds to their inventory through internal rearrangements. The Salvation Army increased by 20 (taking in Victory Christian,decreasing by 30 the number of individual beds)Samaritan House (8 ind. beds) was moved from TH to ES.Ind. bed increased by 37 and decreased by 50. Family Beds increased by 100 beds. Blessings in the Storm (20)and Charlotte Emergency Housing (66), both previously categorized as transitional housing have been moved to the emergency shelter category. Family Promise began serving families and has family beds.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Charlotte Mecklenburg CoC has no Safe Havens programs at this time.

Transitional Housing: Yes

Briefly describe the reasons for the change:

Overall decrease of 94 beds. Individual TH beds decreased by 156. Regional HIV/AIDS Consortium could not confirm numbers (3), Samaritan House moved into ES (8). The beds at Cascade were reconfigured to serve families (36) and Charlottetown Manor could not be confirmed (32) and Salvation Army was miscounted last year (105)- decrease of 184. The individual TH beds at Hope Haven increased by 6 and at Uptown Shelter by 1- both by internal rearrangements. The House of Grace (6), Florence Crittendon (8) and Nexus Church (7) were not previously counted for an increase of 28 individual beds. Family Beds increased by 62. Cascade beds were changed to 75 family beds, The YWCA opened Families Together 55 beds, Hope Have increased their family beds by through internal rearrangement, House of Grace now has 2 family beds and Florence Crittendon has 3 for an increase of 145 family beds. Charlotte Emergency Housing (55)and Blessings in the Storm were moved to ES. Community Link decreased family beds by 2 and Regional HIV/Aids beds (6) could not be confirmed- decrease of 83.

Permanent Housing: Yes

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Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The number of permanent housing beds increased by 29 and the number of permanent beds designated for the chronically homeless increased by 44. Area Mental Health increased their overall bed count by 22 and their CH bed count by 56 by replacing any people leaving the program with those who are chronically homeless. St. Peter's Home reduced their bed count by 3 and their CH beds by 9 due to rearrangements. One new program began serving people-WISH with 38 permanent beds for families.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

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1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	--	No Attachment

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Attachment Details

Document Description:

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1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)
01/30/2008

Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)
HMIS plus housing inventory survey

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)
Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, HMIS

Must specify other:

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

The HUD unmet need formula was applied to the PIT count, including data on those who are unsheltered, and Housing Inventory information to establish a data base line. The results of these calculations were then reviewed and discussed by CoC stakeholders. The key stakeholders then came to consensus on any local adjustments that were required to reflect the local need. Information from the 10 Year Plan and past three years of unmet need calculations were incorporated in reviewing and discussing the unmet need.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: (select all that apply) NC-505 - Charlotte/Mecklenburg County CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Clent Services Network (CSN)

What is the name of the HMIS software company? Bell Data Systems, Inc.

Does the CoC plan to change HMIS software within the next 18 months? No

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 07/01/1999

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): No or low participation by non-HUD funded providers

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

HSN will conduct outreach over the next 12 months to all HMIS non participating HSN members. Agencies will be educated on the benefits of utilizing HMIS to track progress and client service usage. HSN will provide all available encouragement and support to engage non participating agencies in HMIS utilization.

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HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HSN Contract for ...	08/30/2008

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Attachment Details

Document Description: HSN Contract for HMIS services with Bell Data Systems

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Hope Haven, Inc.

Street Address 1 3815 N. Tryon St.

Street Address 2

City Charlotte

State North Carolina

Zip Code 28206
Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

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

Prefix: Mr

First Name Rohan

Middle Name/Initial

Last Name Gibbs

Suffix

Telephone Number:
(Format: 123-456-7890) 704-372-8809

Extension

Fax Number:
(Format: 123-456-7890) 704-376-0113

E-mail Address: rgibbs@hopehaveninc.org

Confirm E-mail Address: rgibbs@hopehaveninc.org

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

Instructions:

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 each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	51-64%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

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

The Charlotte Mecklenburg CoC transitional bed coverage in HMIS increased this year from 55% last year to 62.6% this year. We expect to increase the percentage to over 65% by the summer of 2009 through increased usage by existing HSN member programs who are not currently entering data into the HMIS system. Emergency Shelter bed coverage is 88% and Permanent Bed coverage is 100%.

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

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	6%
* Date of Birth	0%	0%
* Ethnicity	5%	0%
* Race	2%	0%
* Gender	0%	0%
* Veteran Status	2%	0%
* Disabling Condition	15%	28%
* Residence Prior to Program Entry	6%	0%
* Zip Code of Last Permanent Address	36%	0%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? Yes

Did the CoC or subset of the CoC participate in AHAR 4? Yes

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

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

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

Bi-Monthly aggregate data review by agency; semi-annual review prior to PIT; weekly and monthly review of QC reports by agency. Fields are set as required.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

Dates are validated upon entry and dates are required to save record.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Semi-annually
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Semi-annually
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	**Monthly**
* Secure location for equipment	Annually
* Locking screen savers	Never
* Virus protection with auto update	Never
* Individual or network firewalls	Monthly
* Restrictions on access to HMIS via public forums	Never
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Monthly

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	06/01/2008
If 'No' indicate when development of manual will be completed:	

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2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Privacy/Ethics training	Never
Data Security training	Never
Data Quality training	Semi-annually
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Never
Basic computer skills training	Never
HMIS software training	Semi-annually

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2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/30/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with	Dependent Children			
	Sheltered			**Unsheltered**	**Total**
	Emergency	**Transitional**			
Number of Households	56	106		8	170
Number of Persons (adults and children)	178	283		8	469

	Households without	Dependent Children			
	Sheltered			**Unsheltered**	**Total**
	Emergency	**Transitional**			
Number of Households	612	467		426	1,505
Number of Persons (adults and unaccompanied youth)	618	471		430	1,519

	All Households/	All Persons			
	Sheltered			**Unsheltered**	**Total**
	Emergency	**Transitional**			
Total Households	668	573		434	1,675

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Total Persons	796	754	438	1,988

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	232	29	261
* Severely Mentally Ill	252	32	284
* Chronic Substance Abuse	693	47	740
* Veterans	141	3	144
* Persons with HIV/AIDS	39	1	40
* Victims of Domestic Violence	144	9	153
* Unaccompanied Youth (under 18)	14	51	65

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

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Semi-annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: (mm/dd/yyyy) 01/23/2009

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 95%

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

Instructions:

Survey Providers:
Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:
The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:
The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Survey Providers:	X
HMIS:	X
Extrapolation: **(Extrapolation attachment is required)**	
Other:	

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

We held trainings for those conducting and reporting data for the PIT. We held multiple meetings going over the data collectively to ensure accuracy and eliminate duplication. Instructions to ensure data quality were distributed prior to and during data collection. We then combined the numbers eliminating any reports from shelters that were included in HMIS reports. Compared to last year there were 98 fewer people in emergency or transitional housing and 90 more people who were counted as unsheltered. We believe this was due to increased coverage of the unsheltered count over last year. Also we had a very mild winter so more people may have remained on the streets in homeless camps than last year.

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2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:
Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:
Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:
Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:
Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:
 Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:
CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: **(PIT attachment is required)**	
Sample Strategy:	
Provider Expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

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We held trainings for those conducting and reporting data for the PIT. We held multiple meetings to review data collectively to ensure accuracy and eliminate duplication. Instructions to ensure data quality were distributed prior to and during data collection. Multiple followup contacts were initiated by CoC Committee members to ensure that data from providers was submitted. We combined the numbers eliminating any reports from shelters that were included in HMIS reports. There was minimal change in the numbers of sheltered sub populations from last year to this year. There was a notable increase only in the number of chronically homeless people who are sheltered. We believe this is due to better training on definitions and increased reporting of those who are chronically homeless.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)

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

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

Entries from non HMIS providers (ie Domestic Violence shelters or those agencies not participating in HMIS) were reviewed by hand to ensure that there was no duplication.

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

Instructions:

Public places count:
Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:
 Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:
Counted homeless persons using non-shelter services based on interviews.

HMIS:
 HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

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

If Other, specify:

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

Instructions:

Complete coverage:
Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:
Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:
Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count Known Locations
of unsheltered homeless people:

If Other, specify:

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

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

If Other, specify:

Charlotte/Mecklenburg CoC members participated in a HUD training and in NC state wide follow up training on utilizing the HMIS system in conducting an unduplicated count of unsheltered persons.

Describe the techniques used to reduce duplication.

Organizers assigned enumeration teams to specific geographic areas and ensured that the boundaries for each team were clear with maps and verbal or written instructions.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

Increased efforts with the Charlotte/Mecklenburg school system to identify and serve homeless households with children. The participation of the McKinney Vento School Liaison in the CoC has been a critical link. The Salvation Army has prioritized homeless households with children when the shelter is full. The YWCA has opened 10 new units for homeless households with children in the past year. Family Promise, a network of 13 churches that provide shelter and support to homeless families has successfully completed their first year of operation and is seeking to expand their network. This is a replication of a national model based on the Interfaith Hospitality Network. Homeless Support Services outreach worker is a critical liaison between homeless families and service providers working to help families access services and permanent housing. United Way's 211 maintains a current database of housing and services for homeless households with children.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

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This community has a Program to Assist in Transition from Homelessness (PATH), funded by SAMSA, that has a position dedicated to street outreach to engage individuals with severe mental illness and link them with appropriate mainstream community resources. The Homeless Support Services staff stationed at the Uptown Shelter does periodic outreach to the camps and soup kitchens. A March 13, 2009 Stand Down for Vets is in the planning stages including outreach to homeless vets on the streets or other places not meant for human habitation. The Stand Down will serve 150-200 vets. Stand Downs provide access to services, clothing, blankets, medical and dental assessments, some treatment and referrals, haircuts and food. Compared to last year there were 98 less people in emergency or transitional housing and 90 more people who were counted as unsheltered. We believe this was due to increased coverage of the unsheltered count over last year. Also we had a very mild winter so more people may have remained on the streets in homeless camps than last year.

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Attachment Details

Document Description:

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Attachment Details

Document Description:

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3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

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CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Add 6 new beds for the chronically homeless through this application for S+C TRA Samaritan housing initiative.	Roxianna Johnson, Housing Resource Coordinator, Area Mental Health
Action Step 2	Collaborate with corporate, community and intergovernmental entities to leverage and blend various funding streams for additional PH for the CH.	Peter Safir, Homeless Services Director, Mecklenburg County
Action Step 3	Work with Urban Ministries' Homeless to Homes, Housing First Initiative model program, to designate 12 of the beds for the chronically homeless	Kathy Izard, Director Homeless to Homes

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	120
Numeric Achievement in 12 months	135
Numeric Achievement in 5 years	185
Numeric Achievement in 10 years	235

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	PH Providers monitor annual reports on length of stay	Roxianna Johnson, Chair NC CoC 505
Action Step 2	PH Providers conduct quarterly case reviews to ensure housing issues are being addressed	Roxianna Johnson, Chair NC CoC 505
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	87
Numeric Achievement in 12 months	88
Numeric Achievement in 5 years	90
Numeric Achievement in 10 years	92

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

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Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Utilize the 6 month follow up period to ascertain housing status for those who have left TH from Hope Haven, Community Link and Salvation Army	Justine Gradillias, Vice President of Case Work Services, Community Link
Action Step 2	Establish partnerships and collaborations to increase permanent housing solutions, with Charlotte Housing Authority, Dept. of Social Services, City of Charlotte, Mecklenburg County and NC DHHS	Peter Safir, Homeless Services Director, Mecklenburg County
Action Step 3	Advocate for additional economic resources to provide assistance in establishing participant stability and self sufficiency	Deronda Metz, Director of Social Services Salvation Army

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	50
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	66
Numeric Achievement in 10 years	70

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

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2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Provide vocational training in specialized employment areas.	Tiffany Hilson, Vice President of Development, Hope Haven
Action Step 2	Provide increased outreach to potential employers.	Steffie Travis, Executive Director Jacob's Ladder
Action Step 3	Increase collaboration among employment services and skills training programs to develop a continuum of employment services for homeless individuals.	Deronda Metz, Director of Social Services Salvation Army

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	52
Numeric Achievement in 12 months	53
Numeric Achievement in 5 years	55
Numeric Achievement in 10 years	57

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Create RRH project to serve 15 families at a point in time	Justine Gradillas, Community Link

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Charlotte/Mecklenburg County Continuum of Care		COC_REG_v10_000059
Action Step 2	Increase housing capacity of WISH program to house additional 10 families	Darren Ash, Director WISH
Action Step 3	Explore permanent housing options for homeless families with children with Mecklenburg County DSS	Rickey Hall, Social Services Supervisor, Mecklenburg County DSS

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	170
Numeric Achievement in 12 months	145
Numeric Achievement in 5 years	125
Numeric Achievement in 10 years	100

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3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons dicharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Formal Protocol Implemented

Health Care Discharge Protocol: Formal Protocol Implemented

Mental Health Discharge Protocol: Formal Protocol Implemented

Corrections Discharge Protocol: Formal Protocol Implemented

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3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For addtional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Health Care Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Mental Health Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Corrections Discharge
For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

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Attachment Details

Document Description:

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

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Attachment Details

Document Description:

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

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3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan: The Charlotte/Mecklenburg Consolidated Plan is the basis for the community driven 10 Year Plan. The Consolidated Plan specifically sets as a goal: Increase the supply of and access to decent affordable housing for the communitys lowest income households, including households with special needs. The Plan targets: Extremely low- and low-income renter households, including elderly households, Small households and large households with cost burdens, severe cost burdens and substandard conditions.
The Plan calls for the use of CDBG, HOME and other public funds between 2006 and 2010 to address these priorities. Some of the action steps under the Plan are to: Build new SRO and plan others; Explore Housing First model and build demonstration project; Expand # of S+C Units; Set aside additional public housing units for special needs population; and Explore new supportive housing options.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

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Two of the 10 Year Plan goals are: 1. Create 2,500 supportive and service-enriched housing units over the next ten years---500 supportive units for chronically homeless men and women and 2,000 service-enriched units for families and individuals; 2: OUTREACH AND ENGAGEMENT: Ensure that mainstream services such as public assistance programs, employment training and placement, health care and mental health and substance abuse treatment are streamlined to provide access to residents living in supportive or service-enriched housing. Implemented action steps under the 10 Year Plan: the creation of the first area Housing First program Homeless to Homes, providing housing for 9 chronically homeless individuals, fully funded by private donations, and the WISH program housing 25 formerly homeless households with children. Both programs have as outcomes that residents will remain in permanent housing for more than 6 months and that all residents will increase their employment and income.

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3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for addtional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?   No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

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4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevent national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	93	Beds	120	Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	88	%	87	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	55	%	50	%
Increase percentage of homeless persons employed at exit to at least 18%	35	%	52	%
Ensure that the CoC has a functional HMIS system	82	%	77	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	400	51
2007	222	81
2008	261	120

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 — 39 new PH Beds S+C=19 new and 20 are S+C attrition

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$152,076	$0	$0	$0	$0
Total	$152,076	$0	$0	$0	$0

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4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	50
b. Number of participants who did not leave the project(s)	248
c. Number of participants who exited after staying 6 months or longer	43
d. Number of participants who did not exit after staying 6 months or longer	223
e. Number of participants who did not leave and were enrolled for 5 months or less	25
TOTAL PH (%)	89

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	347
b. Number of participants who moved to PH	174
TOTAL TH (%)	50

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 450

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	46	10	%
SSDI	37	8	%
Social Security	7	2	%
General Public Assistance	0	0	%
TANF	28	6	%
SCHIP	7	2	%
Veterans Benefits	11	2	%
Employment Income	234	52	%
Unemployment Benefits	3	1	%
Veterans Health Care	1	0	%
Medicaid	109	24	%
Food Stamps	55	12	%
Other (Please specify below)	7	2	%
Child Support, widow's pension, I unknown			
No Financial Resources	108	24	%

The percentage values are automatically calculated by the system when you click the "save" button.

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

The CoC Working Group reviews APRs annually and regularly discusses recommended strategies to improve access to mainstream programs.

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.

Regularly exchange information, mainstream program modifications and availability at CoC meetings which meet monthly on the second Wednesday of every month from 2PM to 4PM. These meetings often include representatives from mainstream programs who present to CoC members on participation in mainstream services. This method ensures that the largest number of programs receive accurate and up to date information.

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. Annually

Does the CoC uses HMIS to screen for 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).

April 26 and 27, 2007

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Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

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Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	Yes
*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	No
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	

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Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)	No
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	No
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	Yes

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Part A - Page 3

*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	No
*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	No
*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	No
*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	No
*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	No

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Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however 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 rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Rapid Re-Housing ...	2008-08-29 12:56:...	3 Years	Community Link, P...	509,437	New Project	SHP	TH	X
Family Jump Start	2008-08-29 12:54:...	1 Year	Community Link, P...	234,984	Renewal Project	SHP	TH	X
Assessme nt and Su...	2008-08-29 12:55:...	1 Year	Community Link, P...	224,682	Renewal Project	SHP	TH	X
Homeless Support ...	2008-10-13 20:32:...	1 Year	Mecklenbu rg County	145,136	Renewal Project	SHP	SSO	X
SPC New - Samarit...	2008-10-13 16:44:...	5 Years	Charlotte/ Mecklen...	237,000	New Project	S+C	TRA	X
SPC Renewal B	2008-10-13 17:08:...	1 Year	Charlotte/ Mecklen...	281,976	Renewal Project	S+C	TRA	X
SPC Renewal A	2008-10-13 17:00:...	1 Year	Charlotte/ Mecklen...	990,528	Renewal Project	S+C	TRA	X
SATH	2008-10-15 10:58:...	1 Year	Salvation Army	226,646	Renewal Project	SHP	TH	X
STRETCH	2008-10-15 10:57:...	1 Year	Salvation Army	87,500	Renewal Project	SHP	TH	X
Transitiona l Housing	2008-09-26 11:07:...	1 Year	Hope Haven Inc	383,500	Renewal Project	SHP	TH	X
Phase IV Permanen. ..	2008-09-26 10:59:...	1 Year	Hope Haven Inc	52,867	Renewal Project	SHP	PH	X
THREADS HMIS	2008-09-29 15:14:...	1 Year	Hope Haven Inc	63,000	Renewal Project	SHP	HMIS	X
Vocational Training	2008-09-26 11:09:...	1 Year	Hope Haven Inc	53,980	Renewal Project	SHP	SSO	X

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McCreesh Place	2008-10-14 16:48:...	1 Year	St. Peter's Homes...	33,333	Renewal Project	SHP	PH	X

Budget Summary

FPRN	$0
Rapid Re-Housing	$0
Samaritan Housing	$0
SPC Renewal	$0
Rejected	$0