1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration):	NC-511 - Fayetteville/Cumberland County CoC
CoC Lead Organization Name:	Cumberland County Community Development Department

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Continuum of Care Planning Council

Indicate the frequency of group meetings: Quarterly

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

The Executive/Planning Committee meets on an annual basis to conduct the business of long range planning for the continuum at large. In addition to the Chair, Co-Chair, Secretary, other members may volunteer to participate in these efforts. All business conducted by the Executive/Planning Committee is brought before the entire CoC membership for final approval prior to implementation.

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

Specify "other" legal status:

Not applicable.

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) 67%

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

Elected:	
Assigned:	X

Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

Not applicable.

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

The CoC maintains an open door membership strategy which allows all interested in improving our community network to have access to participation and decision making authority. Annual review of members by the Executive/Planning Committee allows the CoC to assess membership gaps. Gaps identified and nominations from the general membership are forwarded to the Membership Committee. Nominations are solicited from the full CoC Planning Council body to serve as Executive Members of the Council. The nominees are then elected to positions via majority rule vote. The Executive Committee, in turn, may solicit volunteers from the full continuum of care planning council body to serve as volunteers on other committees as needed.

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

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

Specify "other" process(es):

Not applicable.

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

Yes. Cumberland County has served as the Grantee and fiscal agent for as many as six continuum of care grants through its Community Development Department from 1995-2009. In that capacity, the County provided grant oversight, financial accountability as well as grant compliance through annual monitoring visits. The County's Community Development Department has the experience and willingness to take on administrative responsibilities if needed.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive/Planning	This committee is comprised of membership leadership (Chair, Vice-Chair, Secretary, and Treasurer), Committee Chairs as well as representatives of recipients of McKinney-Vento Act funding. This committee is responsible for the development of annual goals and objectives and assessment of progress; development and update of CoC policies and procedures; training / implement annual goals objectives, develop Ranking Tools, PiT Survey Tools, carry out the Pit Survey, develop a PiT analysis of data collected for presentation to community and CoC planning, respond to emergent issues, and represent the CoC on the 10 Year Plan to End Homelessness Steering Committee.	Monthly or more
Membership/Outreach	This committee is responsible for the recruitment and retention of CoC membership. They develop CoC information packets to help new members navigate through the CoC structure. The Membership Committee designs & creates tools to increase community awareness of the CoC and the importance of membership.	Monthly or more
Ranking	This committee meets a minimum of two times each year to review, assess, and rank previously funded programs and current applicant¿s performance, experience, and services. The Ranking Committee reviews project leveraging, required match, CoC involvement, reviews APR performance, HMIS participation and Project presentation. The Committee accesses organizational capacity, provider experience, and program cost effectiveness. The Committee utilizes a graded scale to determine project ranking and submits results to the Executive/Planning Committee.	Semi-annually
10 Year Steering	This committee is comprised of community stakeholders from the local government, faith-based organizations, homeless services providers, business and civic leaders whose primary role is to work on a strategy to end homelessness in the community.	Quarterly
Community Awareness	This committee is dedicated to reducing stereotypical images of homelessness and works diligently to bring institutional barriers which contribute to homelessness to community awareness. The committee Develops and incorporates common community language, incorporating HUD & McKinney Vento definitions concerning homelessness, emergency shelter, transitional housing, permanent housing, and supportive services into outreach materials, media interviews, and community presentations.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

The Ranking Committee meets twice per year in response to proposals solicited for submission in the Continuum of Care SuperNOFA application. As this committee's sole function is to provide support for the SuperNOFA process, it is not necessary to meet more than semi-annually.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Kingdom Community Development Corporation	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Save the Babies House of Refuge	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Better Health of Cumberland County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Cumberland County Partnership for Children	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
Greens Home for Women	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Legal Aid of FAyetteville	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Hope Harbor	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Su...
Salvation Army	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
The Women's Center of Fayetteville	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Accent Autobody & Paint	Private Sector	Businesses	Primary Decision Making Group, Attend 10-year planning me...	NONE
Cape Fear Valley Medical System	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, A...	NONE
Care Clinic	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Denise Giles	Individual	Formerl...	Primary Decision Making Group, Attend 10-year planning me...	Substance Abuse

Cumberland County Association For Indian People	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Catholic Social Charities	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Employment Source	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Fayetteville State University	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Myrover Reese Homes	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Su...
DHHS Dept of Vocational Rehabilitation and Inde...	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Cumberland County Local Management Entity (Ment...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Cumberland County Community Development	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Cumberland County Health Department	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Fayetteville/Cumberland County Human Relations ...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Fayetteville Metropolitan Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Fayetteville Technical Community College	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Cumberland County Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
City of Fayetteville Police Department	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
Cumberland County Sherriff's Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, A...	NONE
Employment Security Commission	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Veteran's Administration	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Covenant Love Family church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Cumberland Community Action Program	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
City Rescue Mission	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Fayetteville Urban Ministries	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
United Way of Cumberland County	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Cumberland Interfaith Hospitality Network	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
City of Fayetteville City Council Representative	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Cumberland County Board of Commissioners Repres...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Parks Chapel Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Helen Pierce	Individual	Other	Attend 10-year planning meetings during past 12 months	NONE
Peace Chapel	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Cumberland County Planning Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Gospel Services Benevolent Society	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
City of Fayetteville Community Development Depa...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Deneen Morton	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Fayetteville Area System of Transit	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Family Fellowship Worship Center	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Manna Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Cumberland County Department of Social Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

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

Not applicable.

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

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

Gospel Services Benevolent Society has opened a 21 bed Emergency Shelter for men

Safe Haven: No

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

Transitional Housing: No

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

Permanent Housing: No

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

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

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	ehic 2009	11/20/2009

Attachment Details

Document Description: ehic 2009

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	10/15/2009
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)	Follow-up, Instructions, Updated prior housing inventory information, Other, Confirmation, Training, HMIS

Must specify other:

The Membeship Committee sent inquirees to agencies, organizations, or entities within the CoC jurisdiction involved in services to the homeless to ensure that their representation was included on the EHIC.

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

Specify "other" data types:

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-513 - Chapel Hill/Orange County CoC, NC-504 - Greensboro/High Point CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-503 - North Carolina Balance of State CoC, NC-500 - Winston Salem/Forsyth 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:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	05/01/2006
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

Not applicable.

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC is exploring options with the local CDBG participating jurisdictions to see if funding is available to supplement user fees for non-HUD funded agencies. The Carolina Homeless Information Network is working with CoC participating agencies and leadership to assist them in improving their data quality, bed coverage, and to move closer to an unduplicated count of homeless individuals served. Standardized and customized reporting, end user certification and refresher training, and focused technical assistance are some of the tools that CHIN staff use to assist continua. CHIN produces a monthly data quality report to provide agencies with an overview of their data completeness, utilization rates, and inventory. In addition to standard reports and support, CHIN has developed a Healthy Indicators tool to help agencies and stakeholders monitor their HMIS improvement throughout the year.

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	North Carolina Housing Coalition
Street Address 1	118 St. Mary's Street
Street Address 2	
City	Raleigh
State	North Carolina
Zip Code **Format: xxxxx or xxxxx-xxxx**	27601
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Hunter
Middle Name/Initial	E.
Last Name	Thompson
Suffix	Jr.
Telephone Number: (Format: 123-456-7890)	919-600-4737
Extension	
Fax Number: (Format: 123-456-7890)	919-881-0350
E-mail Address:	hthompson@nchousing.org
Confirm E-mail Address:	hthompson@nchousing.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

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

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

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	4%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	9%
* Disabling Condition	0%	10%
* Residence Prior to Program Entry	0%	4%
* Zip Code of Last Permanent Address	0%	18%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	No
Did the CoC or subset of CoC participate in AHAR 5?	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 agencies participating in the HMIS (limit 750 characters):

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report that provides agencies and CoC with an overview of their data completeness, utilization rates, and inventory; however, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and client not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

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

A commitment to accurate data entry, including program entry and exit dates, begins when agencies signed their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly covered all HUD required data elements. Agencies and end users are reminded again during certification training. Program entry and exit dates are covered specifically in the materials. Program enrollment figures are included as elements on CHIN¿s monthly Data Quality Reports. When requested, CHIN staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

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:	Semi-annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

*** Unique user name and password**	**Annually**
*** Secure location for equipment**	Annually
*** Locking screen savers**	Annually
*** Virus protection with auto update**	Annually
*** Individual or network firewalls**	Annually
*** Restrictions on access to HMIS via public forums**	Annually
*** Compliance with HMIS Policy and Procedures manual**	Annually
*** Validation of off-site storage of HMIS data**	Annually

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)?	Never
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	08/03/2009
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Monthly
HMIS software training	Monthly

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. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

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: 7	45	93	145
Number of Persons (adults and children): 22	165	367	554

Households without	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 68	8	335	411
Number of Persons (adults and unaccompanied youth): 68	8	335	411

All Households/	All Persons		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Total Households: 75	53	428	556
Total Persons: 90	173	702	965

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 statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. 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.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	19	26	45
*** Severely Mentally Ill**	14	145	159
*** Chronic Substance Abuse**	61	212	273
*** Veterans**	14	79	93
*** Persons with HIV/AIDS**	4	18	22
*** Victims of Domestic Violence**	27	39	66
*** Unaccompanied Youth (under 18)**	0	17	17

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will 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%.

How frequently does the CoC conduct a point-in-time count?	Annually
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/27/2010

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

Emergency shelter providers:	100%
Transitional housing providers:	100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- 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 emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Data was collected within a 24 hr period PIT Count. Forms were distributed to all service providers, e-mail attached forms were also sent, and phone contact support was provided during the count period. Each submission was verified by phone and submitted to the designated recipient who then entered the cummulative date and submitted to the CoC for review and approval. A 100% return was attained for our CoC.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

There was an increase in the number of family households in Transitional Housing. 2008 several units were not occupied due to repair issues and recent graduation of program participants on the day the PIT Count was carried out. 2009 had a significantly higher occupancy rate. A slightly lower count in emergency shelter was reported for 2009 however this was less than 4% and could be contributed to recent departure of a previous participant.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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:	
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

Service Providers provided subpopulation data for their clients on the PIT Count and Survey. This data was submitted to a central location where it was compiled and reviewed, then sent for verification by the CoC prior to submitting to the State. Training of Service Providers in the areas of subpopulation definitions was carried out prior to the PIT Count Date and CoC members were available to Service providers during the PIT Count Period.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

There were increases in the substance abuse populations. Treatement providers and law enforcement indicate that there has been a rise in substance abuse in our community and that would be reflected in our homeless population as well as the general public. An increase in the veterans population which could be attributed to the CoC being able to more intensivly outreach our veteran population through our VA representation during the PIT count this year.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC 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:	
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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:

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

All enumerators were assigned an area and a specific timeframe for that area. Service providers operating multiple programs (shelter/feeding) were assigned areas within their service area to avoid duplication counts. Utilizing service providers as enumerators helped with face recognition helped the CoC reduce duplication in counts.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The CoC is dedicated to the creation of additional emergency shelter beds, transitional housing beds, permanent housing with supportive services beds, and affordable housing opportunities. A HOPE VI program is scheduled to begin construction in 2010, additional affordable housing projects are in planery stages, and an addtional permanent housing program with supportive services is under development. The CoC continues to work on collaboration, HMIS usage, and direct referral to rapidly fill existing beds in all programs. A focus on prevention services in the CoC and assuring the CoC membership includes community agencies, organizations, and resources which focus on prevention and rapid rehousing efforts is a priority for the CoC.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Our CoC members engaged in feeding programs and our newly opened daycenter are the primary methods of engaging our street population. During meals trained volunteers begin the work of getting to know persons visiting those programs and indentifying their needs. This is a non-office setting with people who are not situated behind a desk creating a more casual and comfortable setting similar to the Safe Haven concept of developing trust in a non program environment. This is a community wide effort with over a hundred volunteers on a rotation basis.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The CoC experienced an increase in all populations of unsheltered persons. Through survey and questionaires, increasing unemployment, underemployment, and unaffordable housing were identified by unsheltered homeless as primary circumstances related to their homelessness. Our CoC area has experienced the highest unemployment rates in over 15 years increasing the numbers of persons unable to afford market rent.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The CoC jurisdiction received HPRP funds through a local government agency. Those funds will be used to create additional permanent housing beds for the those who are homeless and chronically homeless. The Cumberland County Mental Health Department is one of the selected subgrantees. The population they serve includes Chronic Homeless. The CoC will encourage participation of those experiencing chronic homelessness in those programs. The CoC will also continue exploring funding sources for additional permanent housing beds for the community. The CoC will seek agreement from local government to require developers and managers of affordable housing initiatives utilizing local, state, federal funds to actively participate in the CoC. This will allow more effective planning regarding set aside units, enhance communication of vacancys, and increase understanding of the needs of the chronically homeless.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The CoC will address the permanent housing needs of the chronically homeless by continuing to implement funding received through the HPRP. As resources are restricted due to the current economic climate, the CoC will continue to explore innovative ways to compile funding sources need to create additional permanent housing beds in the community. The CoC will seek to develop an ad hoc committee whose specific purpose would be the planning and pre-development of permanent housing beds for the chronically homeless. Additionally, our CoC will continue to work and meet the goals of establishing additional beds through our 10 year Plan.

How many permanent housing beds do you currently have in place for chronically homeless persons?	0
How many permanent housing beds do you plan to create in the next 12-months?	8
How many permanent housing beds do you plan to create in the next 5-years?	10
How many permanent housing beds do you plan to create in the next 10-years?	15

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC has currently exceeded the 77 percent goal and will continue the efforts already in place such as:
1. Encourage homeless representation in the decision/advisory capacity with all permanent housing providers as well as the CoC;
2. Encourage case management and support service training; and
3. Continue to support the development of community resource guides to ensure particpants and providers are aware of resources available to them.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC is currently meeting this goal and will continue to look at program structures to involve more self-determination rather than mandatory engagement so that consumers feel more in control of their destiny. The CoC will continue to review current membership and supports in community and actively recruit for membership.

What percentage of homeless persons in permanent housing have remained for at least six months?	100
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	95
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	95
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	95

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC is currently meeting the 65 percent goal. The CoC will continue to encourage PH provider membership in the local CoC. Continue to develop clear policies and procesures concerning referral of TH resident to PH programs. Encourage continued development of affordable permanent housing units. CoC will continue to support providers of supportive services with training, best practices, and shared learning opportunities to better meet the needs of persons in transitional housing program. The CoC will continue to make the community aware of institutional barriers which impede the success of transtion like public transportation, subsidized childcare, affordable housing, living wages, underemployment and unemployment.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC has and is currently meeting the 65 percent goal and will continue to encourage PH provider membership in the local CoC. Continue to develop clear policies and procesures concerning referral of TH resident to PH programs. Encourage continued development of affordable permanent housing units. The CoC will explore the development of an employer network through the faith community, linking employers with homeless persons seeking employment as stable income creates more stability in housing.

What percentage of homeless persons in transitional housing have moved to permanent housing?	72
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	75

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	75
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	75

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Continue to develop employment eligibility criteria to distribute to CoC membership. Explore the development of resident incentive plans for TH and PH providers to utilize in their internal programs. Work with the Employment Security Commission and Workforce Development Center to conduct annual training for providers on up to date services provided by their respective agencies.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Explore the develop of Memorandums of Understanding with Employment Security Commission, Work First Employment Iniative and Workforce Development Center to create direct employment linkage services for homeless. Review best practices with Faith Community Employment Referral programs and seek to implement them locally.

What percentage of persons are employed at program exit?	49
In 12-months, what percentage of persons will be employed at program exit?	50
In 5-years, what percentage of persons will be employed at program exit?	55
In 10-years, what percentage of persons will be employed at program exit?	60

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The CoC will establish a sub committee to focus on the identification, eligibity criteria, and gaps in preventative homeless services. This committee will make recommendations for action steps related to barriers to access of these services and the establishment of services necessary but not currently meeting the needs of homeless households with children to avoid a homeless episode. This committee will explore the best practices of homeless prevention programs in communities with similar demographics. CoC will continue to support providers of supportive services with training, best practices, and shared learning opportunities to better meet the needs of homeless families. The CoC will continue to make community aware of institutional barriers which impede the success of such households in efforts to avoid homelessness experiences related to services such as public transportation, subsidized childcare, affordable housing, living wages, underemployment and unemployment.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The CoC will explore the development of an employer network through the faith community, linking employers with homeless persons seeking employment. Stable income creates more stability in housing. The CoC will continue to explore the development of partnerships to increase the affordable housing network particularly for those in the 50 percent median range.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	145
In 12-months, what will be the total number of homeless households with children?	140
In 5-years, what will be the total number of homeless households with children?	120
In 10-years, what will be the total number of homeless households with children?	90

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The Children's Services Division of Cumberland County¿s Department of Social Services is responsible for the foster care program within the local CoC. The Department has developed protocols for transitional living plans for youth being discharged from the foster care systems. Social workers are charged with intentionally creating and/or allowing opportunities for youth to experience growth-enhancing interactions with the community. Components of these protocols include the requirement that each youth will have a stable place to live upon discharge other than HUD McKinney-Vento funded beds, as attested by the Memorandum of Agreement executed with the local CoC. Protocols include utilizing primary and backup discharge plans to minimize the likelihood of homelessness resulting from a disrupted plan.

Health Care:

The Cape Fear Valley Hospital System (CFVHS), the local health care agency, is accredited by the Joint Commission on Accreditation of Healthcare Organizations. The Accreditation process requires that hospitals establish procedures to address the needs for continuing care, treatment and services after discharge or transfer from the hospital. CFVHS is aware that appropriate placements do not include HUD McKinney-Vento funded programs, as indicated in the Memorandum of Agreement the hospital system has executed with the local CoC. When patients are transferred or discharged, appropriate information related to the care, treatment, and services provided is exchanged with the other service providers. To facilitate discharge or transfer, the hospital assesses the patient's needs, plans for discharge or transfer, facilitates the discharge or transfer, and helps to ensure the continuity of care, treatment and services is maintained. In addition, hospitals that receive Medicare reimbursements must comply with discharge planning requirements that include a written discharge planning process that reveals a thorough, clear, comprehensive process that is understood by hospital staff. The hospital must also identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.

Mental Health:

Requirements for discharge planning for individuals in state psychiatric hospitals and alcohol and drug abuse treatment centers (ADATCs) have been codified in administrative code (10A NCAC 28F .0209). Each facility and area program must develop a process for coordination and continuity of care for patients, particularly around treatment issues and issues related to discharge planning and community care that involves placements other than HUD McKinney-Vento funded programs. The facility, area program, and individual must collaborate on the development of a discharge plan for each individual leaving a facility. All individuals discharged have, at a minimum, intake appointments scheduled for community services prior to discharge. The area program's success at engaging individuals following discharge is monitored by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on a quarterly basis. Additional policies related to individuals with long term hospitalizations (30+ day hospitalization or discharge from a long term unit) prohibit placement in shelters or other homeless conditions.
At the local level Cumberland County's Mental Department, as the Local Management Entity (LME) handles administration of mental health services in the community. The LME is aware that individuals are not to be released onto the street or into McKinney-Vento programs, as evidenced by the Memorandum of Agreement it has executed with the local CoC.

Corrections:

Under the guidance and support of the Secretary of Corrections, there is now shared responsibility between the 3 branches of N.C. Department of Correction (DOC), other state level agencies, and the community for the incarcerated community member. Discharge placements in appropriate housing options other than HUD McKinney Vento funded programs are always sought. The Division of Prisons has a computerized system of tracking aftercare planning in health services which will guarantee the appropriate staff has universal access to plans in progress at all times and will afford management the opportunity to review for quality those plans as well as gather data for future planning of service provision.
At the local level, the Sheriff's Department is the responsible entity for the local jail system. Initial discussions have begun with jail officials, County Legal, and the CoC to explore viable options for implementing a formalized discharge planning in this area that does not conflict with each individual¿s court mandated order of release.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	The goal of the Continuum of Care is to address the needs of the homeless with a direct plan of action to increase housing and services available in the community. The Cumberland County Consolidated Plan lists the 3 core goals of the local continuum of care related to addressing homelessness in the community as follows: Goal 1: Increase and maintain the availability of housing and supportive services for the homeless. Goal 2: Continue working with the Continuum of Care Planning Council through the City/County Liaison Committee to develop a 10-Year Plan to End Homelessness. This plan will be designed to address the needs of both the chronically homeless population as well as families who are struggling with the issue of homelessness. Goal 3: Continue collaboration with housing and service providers throughout the County to establish and maintain a data management system to facilitate the assessment for housing needs and housing development.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

Prior to development of its consolidated plan amendment, the City of Fayetteville held a series of meetings with the Continuum of Care Planning Council (CoCPC) on March 26, 2009 and April 23, 2009. At these meetings, information on the Homeless Prevention and Rapid Re-Housing Program (HPRP) was presented to the CoCPC membership as a means of soliciting feedback on how HPRP could assist the CoC in meeting the needs of the community. After assessing the ideas presented, the City solicited proposals from the CoC membership for viable programs that could be funded with HPRP funds. From this RFP process, two proposals were selected for funding that will serve as a means of aiding the CoC in both preventing incidences of homelessness as well as providing an additional resource to assist homeless persons to obtain and remain in permanent housing.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The Fayetteville /Cumberland County continuum of care jurisdiction is not a recipient of Neighborhood Stabilization Program (NSP) funds through a direct allocation. As a means of addressing 10 Year Planning goals, both the City of Fayetteville and Cumberland County participating jurisdictions, which are active members of the local Continuum of Care Planning Council (COCPC), sought NSP funding through the state's competitive offering. Unfortunately, neither application was successful. In September 2009, our community was fortunate to receive 20 vouchers through the HUD VASH program. The VA Medical Center, also a member of the COCPC, anticipates implementing this program within the year.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	0	**Beds**	0	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	75	**%**	100	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	**%**	72	**%**
Increase percentage of homeless persons employed at exit to at least 19%	50	**%**	49	**%**
Decrease the number of homeless households with children.	5	**Households**		**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The CoC did not meet its projected increase of Chronic homeless beds. The CoC did however increase the emergency shelter beds by 21 of which many Chronic Homeless persons are being served. This is a new agency in our community and it was jointly agreed that before designated beds for a particular population that the agency work with the existing population for the first six months of operation and discussion would begin related to their experieince and our most current homeless population needs assessment. The project is just entering into the six month period and the CoC will be discussing focus on Chronic Homelessness with the agency.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	127	0
2008	115	0
2009	45	0

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 0

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

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

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

The CoC has seen a steady reduction of the number of chronically homeless persons over the past three years. The CoC has had no beds dedicated soley for the use of chronically homeless persons but has a project currently under development

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	1
b. Number of participants who did not leave the project(s)	4
c. Number of participants who exited after staying 6 months or longer	1
d. Number of participants who did not exit after staying 6 months or longer	4
e. Number of participants who did not exit and were enrolled for less than 6 months	1
TOTAL PH (%)	100

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	46
b. Number of participants who moved to PH	33
TOTAL TH (%)	72

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 47

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	8	17	%
SSDI	5	11	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	4	9	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	23	49	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	23	49	%
Food Stamps	37	79	%
Other (Please specify below)	3	6	%
CHILD SUPPORT			
No Financial Resources	9	19	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? No

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

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?	Yes

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

The CoC Ranking Committee reviews the progress of each applicant submitting an application during the SuperNOFA process at least on an annual basis. During this review, particular attention is paid to the percentage of residents that transitioned to and/or maintained permanent housing as well as the number and percentage of residents that have accessed mainstream resources at program exit. Points are given to each applicant based on the percentages reported in the APR; with the highest percentages receiving hte highest points. The results of this review are used to assess those areas in which providers are encountering difficulty in assisting its clients in accessing; and are reported to the CoC Planning Committee for follow-up.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	No

If "Yes", indicate all meeting dates in the past 12 months.

The CoC Planning Committee meets monthly to discuss issues pertinent to improving services offered through the continuum; discussions on this particular topic were held at the August 18, 2009 meeting. Although the CoC Planning Committee has not meet at leat 3 times to address improving particpation in mainstream resouces, CoC members regularly refer new agencies to the CoC to available HUD resources on HUD HRE on this subject.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	No
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 use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Inquiry with our CoC HMIS provider, has determined that the HMIS system does not currently screen for mainstream programs. However, the HMIS can be programmed to conduct screening with additional programing. The CoC will explore obtaining qualifying criteria for each program and forwarding the information to the HMIS provider in the upcoming year.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

August 28-29, 2007;
June 25-26, 2008; and
August 4-5, 2008.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Upon entry to programs clients current contact with mainstream benefit programs is assessed and reviewed for other programs that the client may meet eligibiltiy criteria. Case managers may accompany the clients during the application process or request the application where appropriate and assist the client on site to help with greater application accuracy and to assist with any questions or follow up that may be necessary for the client to access mainstream benefits. Releases of information between all parties are traditionally authorized during this process to enhance communication between all parties involved for purpose of advocacy, accuracy, and successful applications.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%
Not applicable	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case managers are responsible to verify that applications were received and follow up on the approval process, additional information needed, and eligibility criteria should occur through out the process.	

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

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?	No
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?	No
***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.**	Yes
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?	No

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.)**	Yes
***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?**	No
***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?**	No

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?**	No
***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?**	Yes
***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?**	Yes
***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

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.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
The Bonanza Perma...	2009-11-23 15:05:...	1 Year	The Salvation Arm...	82,340	Renewal Project	SHP	PH	F
Robin's Meadow Tr...	2009-11-23 16:26:...	1 Year	Cumberland County...	84,134	Renewal Project	SHP	TH	F
The Step-Up Semi-...	2009-11-11 13:38:...	1 Year	The Salvation Arm...	35,470	Renewal Project	SHP	TH	F
Ashton Woods	2009-11-23 19:09:...	1 Year	Cumberland IHN	262,736	Renewal Project	SHP	TH	F
Genesis I	2009-11-23 17:24:...	2 Years	Cumberland IHN	104,233	New Project	SHP	PH	P1
The Care Center T...	2009-11-23 15:12:...	1 Year	The Salvation Arm...	152,143	Renewal Project	SHP	TH	F
Leath Commons	2009-11-23 20:32:...	1 Year	Cumberland IHN	120,588	Renewal Project	SHP	PH	F

Budget Summary

FPRN	$737,411
Permanent Housing Bonus	$104,233
SPC Renewal	$0
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Conplan Certifica...	11/20/2009

Attachment Details

Document Description: Conplan Certification