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-501 - Asheville/Buncombe County CoC

CoC Lead Organization Name: Asheville Buncombe Coalition for the Homeless

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:	Asheville-Buncombe Coalition for the Homeless
Indicate the frequency of group meetings:	Monthly or more
If less than bi-monthly, please explain (limit 500 characters):	
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	
Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	86%

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

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

Specify "other" process(es):

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

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

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

Yes, the City of Asheville's Community Development Office would take on these responsibilities working in conjunction with the Coalition for the Homeless.

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
Continuum of Care Selection Committee	Select and prioritize projects for CoC submission	Annually
Carolina Homeless Information Network Advisory Committee	HMIS planning for state of NC	Monthly or more
Homeless Initiative Advisory Committee	Planning for 10-Year Plan to End Homelessness Implementation; coordination between 10-Year Plan and Continuum of Care	Monthly or more
Housing Subcommittee	Plans around housing issues and solutions for homeless people.	Monthly or more
Discharge/reintegration Subcommittee	Plans around issues and solutions relating to discharge and reintegration for homeless people	Monthly or more

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

The Continuum of Care Selection Committee only meets annually because its sole purpose is to select and prioritize project applications for the Continuum of Care application.

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
NC Services for Deaf and Hard of Hearing	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
City of Asheville Community Development	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Housing Authority of the City of Asheville	Public Sector	Public ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Buncombe County Schools Homeless Liaison	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Asheville Police Department	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Pisgah Legal Services	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Homeward Bound	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Helpmate	Private Sector	Non-pro...	Primary Decision Making Group	Domestic Vio...
First at Blue Ridge	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Lifeboat Recovery Center	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Next Step Recovery	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Asheville-Buncombe Community Christian Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	Veterans
Western Carolina Rescue Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Church of the Advocate	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE

United Way 211	Private Sector	Fun der ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Asheville Homeless Network	Private Sector	Fun der ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mountain Housing Opportunities	Private Sector	Busi ness es	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
WNC Housing, Inc.	Private Sector	Busi ness es	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Sarver Housing Group	Private Sector	Busi ness es	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mission Hospitals	Private Sector	Hos pita.. .	Primary Decision Making Group, Attend 10-year planning me...	NONE
Western North Carolina Community Health Services	Private Sector	Hos pita.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AID S
Western Highlands LME	Public Sector	Stat e g...	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
Veterans Administration Medical Center	Public Sector	Othe r	Primary Decision Making Group, Attend 10-year planning me...	Veteran s
Mental Health Association PATH Program	Private Sector	Hos pita.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
RHA Health Services, Inc.	Private Sector	Hos pita.. .	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
Moss Bliss	Individual	Hom eles. ..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Coalition of Asheville Neighborhoods	Private Sector	Fun der ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Buncombe County Department of Social Services	Public Sector	Loca l g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Beulah Foundation	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Substan ce Abuse
Buncombe County Human Services	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Carolina Homeless Information Network	Private Sector	Non- pro.. .	Primary Decision Making Group	NONE
Eblen Kimmel Charities	Private Sector	Non- pro.. .	Primary Decision Making Group	NONE

Oasis	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
OnTrack Financial Education & Counseling	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Women At Risk	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Gerald Hixson	Individual	Homeles...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Gordon Smith	Individual	Other	Primary Decision Making Group, Attend 10-year planning me...	NONE
Dan Garrett	Individual	Other	Attend 10-year planning meetings during past 12 months	NONE
Stephen Bolden	Individual	Other	Attend 10-year planning meetings during past 12 months	NONE
Wanda Lanier	Individual	Other	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
Rating and Performance Assessment Measure(s): (select all that apply)	g. Site Visit(s), e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, r. Review HMIS participation status, f. Review Unexecuted Grants, m. Assess Provider Organization Capacity, p. Review Match, l. Assess Provider Organization Experience, i. Evaluate Project Readiness
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, d. One Vote per Organization, b. Consumer Representative Has a Vote, 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):

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):

The Salvation Army and Helpmate both reduced their total number of beds. The Salvation Army re-programmed some of its beds for the homeless into beds for its federal prison release program.

Safe Haven: No

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

Transitional Housing: Yes

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

Due to the lack of structure of the program at the Oxford House, the overall number for this year reduced by 19 beds. Western Carolina Rescue Ministries reduced its overall number of beds in its Men's Recovery Program due to economic constraints.

Permanent Housing: Yes

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

We have 80 more permanent supportive housing beds this year than last year! We received HUD-VASH vouchers, the VETS Restoration Quarters began offering permanent housing, and the HOME voucher program and Pathways to Permanent Housing 1 began operation.

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	11/24/2009

Attachment Details

Document Description: EHIC

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)	01/28/2009
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, Confirmation, Training, HMIS
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Housing inventory
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-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina 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, Inc.
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).

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

Our Continuum continues to work with non-funded agenciees to encourage participation in HMIS. Asheville City and Buncombe County are requiring HMIS participation for funded programs benefitting the homeless. Our largest shelter provider who is not participating recently underwent a change of leadership. We are advocating with the new director to implement HMIS.

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	Harold
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**	76-85%
*** Safe Haven (SH) Beds**	No beds in CoC
*** Transitional Housing (TH) Beds**	76-85%
*** Permanent Housing (PH) Beds**	86%+

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

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

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

Instructions:

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	1%	2%
* Date of Birth	1%	0%
* Ethnicity	3%	0%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	1%	6%
* Disabling Condition	14%	14%
* Residence Prior to Program Entry	0%	5%
* Zip Code of Last Permanent Address	14%	31%
* 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, utilizations 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 clients 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 avilable 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 sign their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly cover 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): 01/30/2008

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

Households with	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	11	24	0	35
Number of Persons (adults and children)	22	64	0	86

Households without	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	157	183	92	432
Number of Persons (adults and unaccompanied youth)	157	183	92	432

All Households/	All Persons			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Total Households	168	207	92	467
Total Persons	179	247	92	518

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)**	147	33	180
*** Severely Mentally Ill**	107	63	170
*** Chronic Substance Abuse**	174	72	246
*** Veterans**	162	0	162
*** Persons with HIV/AIDS**	2	3	5
*** Victims of Domestic Violence**	94	6	100
*** Unaccompanied Youth (under 18)**	0	0	0

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)	01/28/2009

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:	67%

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):

The annual Point In Time count date occurs on the same night across the state of North Carolina. Providers are alerted to the date through e-mail and continuum meetings, and trainings are provided before the count to help providers all complete the count the same way. Volunteers are recruited and trained as needed.

Shelters and housing providers complete their count after they close their doors. An individual survey that provides data necessary to complete the Point in Time Count is completed by each client. Providers speak with each participant to determine answers to the survey. Some clients choose to complete the survey on their own, others prefer that a staff member complete the survey with them. Some clients may not want to speak with staff at all, at that point staff can use client files and/or their knowledge of the client to answer questions.

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):

We saw a slight uptick in the total number of people counted. We expect that the change is related to the larger enconomic envrionment more than to any changes agencies made over the course of the year. There was one agency - A Vet's Quarters - that was operating at full capicity for the first time which led to an increase in their total numbers.

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:	X
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):

Our CoC uses a survey with HUD-designated questions that providers fill out with or for each participant. The survey is anonymous and voluntary. If people do not complete it, the provider will attempt to get verbal answers from the client.

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):

The increase in the number of people experiencing chronic homelessness can in part be attributed to new staff at a particular agency. Despite careful training, the turnover at the agency led to a signifigant difference in the understanding of the definition of chronic homelessness. The increase in people counted with mental illness or substance abuse is likely due to the drastic reductions in service options that are a result of the NC Mental Health Reform. In increase in the number of veterans counted is due to the fact that the veterans' transitional program was operating at full capicity as opposed to the year prior, where it was still in the process of becoming fully operational.

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

If Other, specify:

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

Shelter and housing providers all complete the count on the same night in order to minimize duplication. They interview people after they close their doors for the night to limit duplication with other services. They indivdually interview each person and ask them if they have already been interviewed. Additionally, the interview form asks for initials of the person and includes their birth date so that subsequent review of the surveys can further reduce duplicaion.

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: Complete Coverage and 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):

People experiencing homelessness are notified that a count will be occurning ahead of time by outreach workers. Outreach workers identify "sections" of the coverage area and then implement the count at the same time to reduce duplicaion. Volunteers are trained ahead of time. Surveys, which include a screening question to verify homeless status, include a space for people to provide (self-identified) initials to minimze duplication. On the day following the count, outreach workers staff the day center and ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time.

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):

Women & children's beds at Western Carolina Rescue Ministries, a father-child shelter room at the Salvation Army, increased space at the domestic violence shelter, and availabilty of veteran-specific section-8 vouchers prioritize families, in tandem with collaborative outreach efforts among agencies to reach out to unsheltered families is expected to reduce the number of unsheltered households with dependant children.

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):

The Continuum has refined outreach programs including collaborations with the jail, hospital, and mental hospital to reach out to people who are expected to sleep on the streets, preventing street homelessness whenever possible. The Buncombe Cuonty Department of Social Servcies now asks every person they serve where they slept last night in order to idenify people who are homeless or at risk of homelessness, including those that are sleeping outside or other places not meant for human habitation. Additionally, outreach workers routinely tour areas that are known to have people sleeping outside to alert people to available resources. Events like Project Connect help providers engage with people experiencing homelessness who are sleeping on the street.

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):

There was a decrease in people counted outside this year. The first reason is that it was raining, which may have made it less likley for outreach workers to be able to find people. The second reason is that people who had previously been living on the street are now in permenant housing - one outreach worker reported that people at a well-established camp asked about permenant housing because they remembered that the year prior, more people were at the camp but that they were now in housing.

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)?

We have received 35 VASH vouchers and have been notified that 35 additional VASH vouchers will be accessed through the VA. A collaboration between the Housing Authority, the City of Asheville, and the VA will ensure that veterans experiencing chronic homelessness will be able to access housing using VASH vouchers.

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

Asheville recently underwent an affordable housing planning process which identified a series of steps that will increase affordable housing and housing for the homeless. The CoC will work on implementation of several strategies including: revisions to the City's Housing Trust Fund, review of policy and procedure that can encourage affordable housing development, developing local subsidies for renters, and creating a homeless priority for Section 8 vouchers. In addition, a CoC member who is a local non-profit developer has partnered with the VA to develop new permanent, supportive housing beds for Veterans using an existing unused building. Increased participation by faith groups promises to render funds for housing and services that will be used for permanent, supportive housing beds for people experiencing chronic homelessness.

How many permanent housing beds do you currently have in place for chronically homeless persons?	178
How many permanent housing beds do you plan to create in the next 12-months?	35
How many permanent housing beds do you plan to create in the next 5-years?	75
How many permanent housing beds do you plan to create in the next 10-years?	150

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 reached and surpassed the threshold. Programs follow best-practices methods for offering housing-stabilization case management and monitor tenants to ensure that any problems are dealt with early and often. To ensure affordability, housing location services help link households with an appropriate housing match. For people who have a disability but no income, the SOAR (SSI/SSDI Outreach and Recovery) program helps people access benefits within months instead of years; having a consistent income offers a higher chance of housing stability.

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 intends to maintain existing program practices that have allowed the CoC to exceed the goal. Additionally, the CoC will ensure that representatives participate in state and national trainings/teleconferences/conferences that promulgate best practices so that new interventions and technologies can be incorporated into the C0C's permanent, supportive housing programs.

What percentage of homeless persons in permanent housing have remained for at least six months?	97
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)?

We have reached the threshold and hope to exceed it through a renewed focus on Permanent, Supportive Housing. An example of the renewed focus is the Veteran's Quarter's interest in developing permanent housing at their new location, something they had not been able to do while located at their prior location. Agencies with transitional housing programs have strengthened their intake and collaboration with other housing programs to better target services for clients.

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).

Additionally local funders, including the City of Asheville and Buncombe County, are working together to fund programs that are able to report on permanent housing outcomes, which will promote a focus on permanent housing. Additionally, the CoC expects to see continuing increases in funding for supportive, housing stabilization services that will allow people to transition into permanent housing. An example of this is a new case management/housing stabilization position at the Housing Authority that will help people maintain housing or, if they have to leave, do so without damaging their rental/credit history.

What percentage of homeless persons in transitional housing have moved to permanent housing?	67
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	70
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	72

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)?

Many of our programs focus on clients who are disabled, and therefore, unable to be employed. Our Shelter Plus Care programs, by definition, are populated with clients who have a disabling condition. Clients in the Safe Haven program often have disabling conditions that limit or prohibit their ability to maintain employment; for these clients, the focus is on accessing a stable income through disability benefits through the use of our SOAR (SSI/SSDI Outreach and Recovery Program). Through creative problem solving and careful evaluation, the intention is to identify as many people as possible who can obtain employment and work with existing employment agencies and educational centers to connect people with work. Over the next 12 months, agencies will work with each individual to create a plan for gaining employment or entitlement benefits. Additionally, recent changes in our Interlace program will provide participants greater opportunities to reach employment.

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).

The CoC intends to work closely with the Employment Security Commission and Vocational Rehabilitation programs to identify people who are not working and do not have a disabling condition that prevents them from working. Early identification will help employment programs understand the individual's housing goals and offer job training and placement that will help the individual maintain their housing over time. In addition, building relationships with local employers and local income support agencies will develop opportunities for people who are formerly homeless.

What percentage of persons are employed at program exit?	13
In 12-months, what percentage of persons will be employed at program exit?	20

In 5-years, what percentage of persons will be employed at program exit?	22
In 10-years, what percentage of persons will be employed at program exit?	25

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 plans to leverage already existing funds, such as HOME and Emergency Assistance funds with newly granted Homeless Prevention and Rapid Re-Housing funds. Through partnerships with our local information and referral line, shelters, schools, the local Departments of Health and Social Services, and faith groups, families will be identified and referred to the appropriate program(s) that will help them acquire stable housing. A new case management position at the Housing Authority will help families sustain their housing once they obtain it.

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

Collaboration with Buncombe County's School Liaison will help agencies in the CoC quickly identify families that are at imminent risk of homeless, or homeless. Available housing and financial assistance paired targeted services and cross-systems support, such as legal support offered by Pisgah Legal Services (funded by CDBG funds) will provide families with the support they need to emerge from homelessness.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	35
In 12-months, what will be the total number of homeless households with children?	35
In 5-years, what will be the total number of homeless households with children?	30
In 10-years, what will be the total number of homeless households with children?	25

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:

Foster Care social workers coordinate with permanent housing providers to locate permanent housing placements for Foster Care clients before discharge. The MOA signed between our Continuum and the Buncombe County Department of Social Services confirms that no one will be discharged to homelessness.

Health Care:

We work closely with Mission Hospitals, the regional primary care hospital in Western North Carolina and its social work and discharge planning staff to identify appropriate strategies and placement for persons being discharged. Hospital staff have participated in SOAR trainings and are working with CoC members to improve access to disability income for homeless people who are frequently accessing hopsital services. In addition, hospitals are encouraged to work with CoC members and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital.

Mental Health:

Our Continuum of Care has worked with NC Interagency Council for Coordinating Homeless Programs (ICCHP) members from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (The Divisions) to refine and implement protocols related to discharge of homeless people from state mental health hospitals and substance abuse treatment facilities. The Division's Office of State Operated Services and the ICCHP co-sponsored three regional trainings on appropriate discharge practices, and these trainings prepared both the Continua and the state's hospitals and treatment centers to refine their discharge practices. These protocols have been finalized in MOAs that are signed by each hospital, treatment program, and the CoC. The MOA ensures that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. FY 2009 data indicates that 82% of people discharged from mental health institutions go to other outpatient and residential non-state facilities.

Corrections:

The NC Interagency Council for Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Correction (DOC). DOC representatives have been participating on the ICCHP's Discharge Planning Workgroup for over 4 years. In addition, representatives from DOC participated in this year's ICCHP co-sponsored trainings on homelessness and discharge planning. Prisons across NC are not allowed to sign MOAs with local Continua; instead all MOAs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. We anticipate the protocols will be implemented by winter 2010. In addition, the CoC has developed a MOA with the local county jail. The MOA confirms that the jails will not discharge anyone into a McKinney-Vento funded facility that does not meet HUD's definition of an eligible homeless person. In addition, jail staff are invited to participate in local COC meetings. FY2009 data indicates that approximately 91% of offenders are discharged to family, friends or own home.

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:	HMIS will be implemented to: a. Link all services; c. Screen for program eligibility;e. Gather data needed to monitor progress. 2. Prevention a. Coordinate and expand short-term financial, counseling, and legal assistance to avoid homelessness; b. Assess the eligibility of assisted households for mainstream programs and provide effective links; c. Improve discharge planning for people leaving public institutions such as hospitals, prisons, jail, foster care, transitional programs, recovery programs, and half-way houses;d. Establish zero-tolerance for discharge to homelessness; e. Utilize the United Way 211 system for referrals;f. Educate landlords on homelessness and services available. 3. Permanent housing for all homeless: a. Create new permanent supportive housing units with project-based housing subsidies for persons with serious and persistent disabilities.

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):

Members of the CoC are subgrantees, tasked with implementing Asheville's HPRP. Other CoC members have committed to referring and accepting appropriate referrals from HPRP agencies. Discussions on how best to use HPRP in the context of existing financial assistance & housing stabilization programs will take place on an ongoing basis.

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 CoC has taken the lead in facilitating communication among key agencies that can support the VASH program to better identify, support, and house people within the guidelines of the grant. American Recovery and Reinvestment Act funds are supporting a weatherization program, which will accept referrals from the CoC, including VASH and HPRP programs.

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.	150	**Beds**	178	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	95	**%**	97	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	**%**	67	**%**
Increase percentage of homeless persons employed at exit to at least 19%	35	**%**	13	**%**
Decrease the number of homeless households with children.	34	**Households**	35	**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:

Goal 4: Many of the people who are recieving permenant, supportive housing services have a disabling condition that prohibits them from employment, which causes our percent of individuals employed at exit to seem lower. If the question were to ask how many people had an income, our percentage would be higher becauase we are dilligent in accessing SSI/SSDI benifits for people who are simply un-able to work.

Goal 5: We were only 1 family away from our goal. We believe that we were unable to reach our goal because of the devestating effect of the recession in our area that lead to higher rates of unemployment and foreclosure.

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	105	79
2008	175	140
2009	180	178

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. 38

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					
Operations		$171,721			
Total	$0	$171,721	$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):

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? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	21
b. Number of participants who did not leave the project(s)	84
c. Number of participants who exited after staying 6 months or longer	21
d. Number of participants who did not exit after staying 6 months or longer	81
e. Number of participants who did not exit and were enrolled for less than 6 months	3
TOTAL PH (%)	97

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? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	9
b. Number of participants who moved to PH	6
TOTAL TH (%)	67

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: 30

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	7	23	**%**
SSDI	6	20	**%**
Social Security	0	0	**%**
General Public Assistance	0	0	**%**
TANF	0	0	**%**
SCHIP	0	0	**%**
Veterans Benefits	0	0	**%**
Employment Income	4	13	**%**
Unemployment Benefits	0	0	**%**
Veterans Health Care	0	0	**%**
Medicaid	7	23	**%**
Food Stamps	2	7	**%**
Other (Please specify below)	0	0	**%**
Unknown			
No Financial Resources	12	40	**%**

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.

APRs are analyzed annually as a part of the CoC process by the CoC coordinator who provides feedback to agencies.

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.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If yes, identify these staff members	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	Yes
If "Yes", specify the frequency of the training.	Semi-annually
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	No

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

Has the CoC participated in SOAR training?	Yes

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

March 19th & 20th, 2008; February 18, 2009; March 17, 2009

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.	91%
1a. Describe how service is generally provided:	
At intake, clients and case managers discuss client needs and develop a plan to access mainstream resources.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	82%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	27%
3.a Indicate for which mainstream programs the form applies:	
Food Stamps, Medicaid, Work First, WIC	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	91%
4a. Describe the follow-up process:	
After clients have initiaited the applicaton process, staff follow-up with them. In some cases, if client has provided permission, staff follow-up directly with the mainstream benifit provider.	

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.**	
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?	
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.**	
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?	
***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.**	
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?	

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?**	Yes
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	No
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	No
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	Yes
Major Regulatory Reforms within past 5 years that Reduce Barriers to Affordable Housing: 2008 Affordable Housing Plan. The plan includes 33 recommended actions to further affordable housing goals in Asheville. A working group of the original task force continues to work on each of the policy and program revisions to ensure each is adopted by City Council. 2008 Waterline Extension Fund. On Tuesday, July 22, 2008, City Council approved a waterline extension fund for the purposes of reimbursing developers for the costs of extending waterlines for infill development and affordable housing. Creation of Housing Trust Funds. Both the City of Asheville (in 2000) and Buncombe County (in 2004) created local Housing Trust Funds specifically to overcome the barrier of lack of local public investment in affordable housing. Development Standards Bonuses (2003) Allows higher densities in all residential (RS, RM) zoning districts for projects that exhibit exceptional design or help achieve key City goals. To obtain this bonus, requires conditional use approval by City Council. RS - up to 125% density bonus, 150% for 20% or more affordable units. RM - up to 150% density bonus, 200% for 20% or more affordable units. Duplexes in RS Districts (2003) Allows duplexes as a use of right in all single-family (RS) zoning districts, subject to certain conditions. Duplexes not meeting these conditions, and triplexes, and quadraplexes are allowed subject to conditional use approval by City Council. Residential Density Increase (2003) Small reductions in allowable lot sizes and consequent increase in allowable density in all residential zoning districts. Urban Residential District (2003) Allows high-density housing (32 units/acre) with limited mixture of other uses. Alternative to Public Hearing Process (2003) Optional substitution of neighborhood/developer meetings in place of formal Planning & Zoning Commission hearings (2003).	
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

Part A - Page 3

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Shelter Plus Care	2009-11-23 19:35:...	1 Year	Western Highlands. ..	263,700	Renewal Project	S+C	TRA	U
Pathways to Perma...	2009-11-23 11:29:...	2 Years	Homeward Bound of...	44,503	New Project	SHP	PH	P1
A HOPE Center and...	2009-11-02 08:29:...	1 Year	Homeward Bound of...	182,886	Renewal Project	SHP	TH	F
Pathways to Perma...	2009-11-23 11:24:...	1 Year	Homeward Bound of...	22,339	Renewal Project	SHP	PH	F
Interlace	2009-11-24 14:41:...	1 Year	Western North Car...	265,892	Renewal Project	SHP	TH	F
Bridge to Recovery	2009-11-23 19:10:...	1 Year	Housing Authority...	166,404	Renewal Project	S+C	SRA	U

Budget Summary

FPRN	$471,117
Permanent Housing Bonus	$44,503
SPC Renewal	$430,104
Rejected	$0

Attachments

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

Attachment Details

Document Description: Consistency with Consolidated Plan