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-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC

CoC Lead Organization Name: Reinvestment in Communities, Inc.

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: Reinvestment in Communities/Care Connection

Indicate the frequency of group meetings: Quarterly

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

The majority of the work is performed within the sub-groups and sub-committees. If items require the decision-making group meet more often than quarterly special meetings are called (such as special meetings held related to the HPRP funding opportunity).

Indicate the legal status of the group: 501(c)(3)

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) 60%

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

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	X

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):

The process was selected to ensure the broadest range of participation and ensures coordination and collaboration among providers, government, faith-based entities, consumers and private industry. The process brings the community together to address the issues and solutions of homelessness. If the selection process is too limited, the ability to have a diverse and broad community support would be limited as well.

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

Elected:	X
Assigned:	X
Volunteer:	X
Appointed:	X
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):

Current lead agency, Reinvestment in Communities, has staff formerly employed in City of Gastonia's Community Development Division. Staff trained in IDIS, financial management of federal entitlements, sub-recipient and CHDO monitoring as well as project/activity oversite. Staff currently provides technical services to City of Gastonia's Community Development Division i.e. developing and authoring Consolidated Plan including conducting public hearings, providing financial management including IDIS project completions and drawdowns. Staff has been involved in CoC programs for 14 years (in Gaston, Lincoln, Cleveland and Mecklenburg Counties of N.C.) Staff has administered COC grants, reviews APRs and monitors agency programs.

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
Care Connection	Main decision-making body of the CoC. Group makes and approves policy or policy changes, monitors and acts upon sub-committee recommendations, sets and approves goals, determines community and program priorities, nominates leadership of main group as well as sub-committee chairs and co-chairs, sets meetings, agendas, reports activity changes, reports new or discontinued availability of services related to homeless participants, determines and monitors group outcomes.	Quarterly
Housing Support Committee	Coordinates housing availability for homeless and disabled consumers, works to address and develop additional housing options(focusing primarily on permanent and permanent supportive housing). This tri-county committee includes service support agencies that are both profit and non-profit. Committee also coordinates available targeted units through the State Dept. of Health and Human Services.	Bi-monthly
CHIN Support Committee	Monitors local HMIS participation, data quality for each participating agency, addresses system issues, coordinates local training with CHIN staff, plans and implements PIT Counts and CoC Housing Inventory. Chairperson serves on Statewide CHIN Advisory Cmte.	Bi-monthly
Services Committee	Plans and implements all special events including Project Homeless Connect twice yearly, has implemented dedicated SOAR worker for disabled homeless that also ensures entitlement benefits, monitors and surveys agencies' processes to ensure all homeless apply for benefits to which they are entitled.	Bi-monthly
Ten-Year Planning Cmtes.	One work group for each county within the CoC because of the diverse nature of each county. At least two members of the main decision-making group attend the planning meetings and report progress to the main group in order to ensure CoC-wide collaboration. The planning committees plan, implement and/or update their respective plans.	Bi-monthly

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

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
Employment Security Commission	Public Sector	State g...	Primary Decision Making Group	NONE
City of Gastonia-Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City of Shelby	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Cleveland County Dept. of Social Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Gaston County Dept. of Social Services	Public Sector	Local g...	Primary Decision Making Group	NONE
Pathways MH/DD/SA LME	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
N. C. Dept. of Health & Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Gastonia Housing Authority	Public Sector	Public ...	Primary Decision Making Group	NONE
Gaston County Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Cleveland County Schools	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth
Lincoln County Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
City of Gastonia Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
City of Shelby Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Lincoln County Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
U.S. Dept. of Agriculture-Rural Development	Public Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	NONE
As One Ministries	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Substance Abuse

Cleveland County Abuse Prevention Council	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Cleveland County Health Alliance	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Cleveland Vocational Industries	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Gastonia Residential Services	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Carolyn Smith	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Regional HIV/AIDS Consortium	Private Sector	Non-pro...	Primary Decision Making Group	HIV/AIDS
Reinvestment in Communities, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
The Shelter of Gaston County	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Cleveland County United Way	Private Sector	Funder ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Gaston County United Way	Private Sector	Funder ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Lincoln County United Way	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	NONE
With Friends, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Sisters of Mercy-Catherine's House	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Hesed House of Hope	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Shelby Presbyterian Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Central Methodist Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
The Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Saint Vincent de Paul	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Insight Human Services-PATH Program	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...

Mercy Center	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Gaston Interfaith Hospitality Network	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Isothermal Planning Commission	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cleveland County Community Development Corporation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Cornerstone Christian Cneter	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Footprints Carolina	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Shelby Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Crossroad Mission	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Donna Beal	Individual	Other	Committee/Sub-committee/Work Group	NONE
Cathy Davis	Individual	Other	Committee/Sub-committee/Work Group	NONE
Roberta Taylor Robidoux	Individual	Formerl...	Committee/Sub-committee/Work Group	NONE
Dick Shafer	Individual	Other	Committee/Sub-committee/Work Group	NONE
Carl Higginbotham	Individual	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

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

Instructions:

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

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), 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):

No written complaints. However, one verbal complaint was made to State HUD office by disgruntled CoC non-profit member. CoC Chair requested HUD review certain aspects of non-profit's program compliance; HUD review revealed findings in program compliance.

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: No

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

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):

Prior year report of under development beds for single females was not successful in completion and implementation.

Permanent Housing: Yes

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

Increase. One PH program under development was opened, which added 13 PH beds including 8 beds for chronically homeless. Five new projects are under development which will add eight permanent supportive housing beds, six of which will be for chronically homeless.

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	NC-509 2009 Housi...	11/23/2009

Attachment Details

Document Description: NC-509 2009 Housing Inventory Chart

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)	Unsheltered count, Other, Housing inventory, Stakeholder discussion

Specify "other" data types:

Review of subpopulations and beds not utilized during PIT Count.

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

We began with the PIT unsheltered count, identified unsheltered counts subpopulations by individual, discussed with stakeholders the type of housing needed for each subpopulation, reviewed unsheltered that did not fall into any subpopulation and then we subtracted under-utilized bed space for each housing type.

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-508 - Anson, Moore, Montgomery, Richmond Counties CoC, NC-516 - Northwest North Carolina CoC, NC-503 - North Carolina Balance of State CoC, NC-500 - Winston Salem/Forsyth County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems, 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):	Other

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).

NA.

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

We continue to have a challenge with the correct bed count for each agency in CHIN. This makes the AHAR data on bed utilization rates incorrect. Last year AHAR TA had us manually correct the bed inventory in order to capture the correct bed utilization percentage. Local CHIN committee continues to address this challenge to CHIN representative at local meetings as well as statewide level.

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

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

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

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

Instructions:

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

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

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	6%
* Date of Birth	2%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	2%
* Disabling Condition	0%	4%
* Residence Prior to Program Entry	0%	2%
* Zip Code of Last Permanent Address	0%	43%
* 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?	Yes
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):

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

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

Participating agencies must sign a contract with the Lead Organization in which they agree to adhere to the HMIS standard operating policies, which explicitly covers all HUD required data elements. Agencies/end users are trained during HMIS certification and specifically covers program entry/exit dates. HMIS Lead Organization can generate entry/exit reports listing all clients. This report is monitored by local CoC, particularly between emergency shelters and transitional or permanent supportive housing programs to ensure clients moving from emergency shelter to other housing programs have correct exit dates.

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

Instructions:

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

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

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

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

Instructions:

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

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

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

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Never
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	08/03/2009
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

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

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

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

Households with	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 21	6	24	51
Number of Persons (adults and children): 60	18	75	153

Households without	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 133	12	272	417
Number of Persons (adults and unaccompanied youth): 134	12	281	427

All Households/	All Persons		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Total Households: 154	18	296	468
Total Persons: 194	30	356	580

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)**	10	14	24
*** Severely Mentally Ill**	9	8	17
*** Chronic Substance Abuse**	20	8	28
*** Veterans**	11	3	14
*** Persons with HIV/AIDS**	1	6	7
*** Victims of Domestic Violence**	31	6	37
*** Unaccompanied Youth (under 18)**	6	0	6

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

Instructions:

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

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

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

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

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

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

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

As with the prior year, homeless clients can opt out of having their information entered into HMIS so it is important to survey providers to ensure a 100% sheltered count. All agencies were provided with count sheets for clients without consent for entry into HMIS. When count sheets were retrieved from agencies a follow-up telephone survey was conducted with each agency to ensure accuracy.

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):

Overall there was a 12.8% decline in sheltered populations; from 257 persons to 224 at PIT. With the security deposit program, tenant-based rental assistance and assisting disabled people with securing disability benefits, the COC works to ensure people move quickly to permanent and permanent supportive housing.

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

Instructions:

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

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

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

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

CoC used HMIS for all sub-population counts plus manual counts for those without consent to be entered into HMIS.

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):

Overall the PIT sub-populations had a decline of 39.7% with the most significant declines in Chronically Homeless, Seriously Mentally Ill and Substance Abuse (58.9%). Pathways, the Tri-County LME has taken a significant lead in ensuring the housing of populations who are severely mentally ill and chronic substance abusers. Sheltered veterans, persons with HIV/AIDS, and victims of domestic violence did not change significantly. Unaccompanied youth decreased from 10 to six persons; however, after the count was completed and results published, the director of the homeless youth programs stated their organization failed to submit non-HMIS participants to be included in the PIT results.

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

Instructions:

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

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

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

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

If Other, specify:

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

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

Instructions:

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

With the service-based count we used de-duplication factors, which are: person's full initials, age, race, gender, familial status,grade completed in school and location where they stated they slept on the night of the count. Our CoC captures 85%+ unsheltered homeless data in HMIS through their use of the local day center in Gastonia; therefore, we compared HMIS data with unsheltered counts.

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

Outreach is through the day center for homeless, the local hospitals, local emergency shelters, local homeless prevention programs and the local school system social workers and counselors. Through the City of Gastonia, HOME funds are administered by Reinvestment in Communities to provide rental security deposits for homeless families that have income to support rent. Reinvestment in Communities also administers a comprehensive TBRA program that has been used to quickly re-house families who have the potential to become self-sufficient quickly. The Gastonia Housing Authority gives preference to families with children. In Cleveland County, the local housing authority works with the local shelter to re-house families quickly. In Lincoln County, the Dept. of Social Services has a program to quickly re-house homeless families with children. Gaston, Lincoln & Cleveland Counties recently applied to the State for HPRP funds and was awarded $1.5 million over a three year period to help reduce unsheltered homeless households.

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):

Through the regional MH/DD/SA Area Authority (Pathways LME), street outreach has been a high priority to meet, identify and connect homeless individuals with services. Additionally, Pathways LME have staff that work in the local jail system to ensure those released have appropriate meds and housing when they are released. The Gastonia day shelter is a low demand program that provides the opportunity to identify homeless, their disabilities and connect them with services. Through CoC members there has been a concentrated effort to identify street homeless with disability income, refer them to services, identify housing units targeted for persons with disabilities and work toward housing placement.

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):

In comparing prior year PIT with current year, unsheltered chronic homeless individuals have decreased 85% because of a concentrated outreach effort to identify street homeless with disability income, refer them to services, identify housing units targeted for persons with disabilities (through the Housing Support Committee)and work toward housing placement. Member agency, Reinvestment in Communities, added a dedicated SOAR worker to assist homeless with their disability benefits that would provide income for housing. In the general unsheltered homeless population numbers have decreased 46% from 2008 PIT. Part of this decrease is the concentrated effort in housing disabled homeless populations (chronic and non-chronic). Through the City of Gastonia, HOME TBRA-Security Deposit program the CoC was able to place 92 homeless households in permanent affordable housing. Additionally, the CoC did extensive surveys at the PIT Count and determined that 33% of self-reporting unsheltered homeless who come to the day center had sporatic housing situations with relatives and friends and did not meet the HUD definition of homeless on the PIT count period; therefore, they were not included in the count.

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

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

Instructions:

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

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

The CoC is making application for funding to both U.S. Dept. of HUD and the State of N.C. to construct housing with rental subsidy and to advocate with other funding sources to provide leasing assistance for market rate apartments. HOME Set-Aside for CHDO's will be used to leverage public and private dollars to create housing opportunities for homeless. The planning initiatives will be coordinated through the Housing Support Committee and the Main Decision-Making Group. In addition and as an alternative, CoC will continue to advocate to public housing authorities to make homelessness a preference.

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

Pathways LME has committed to provide pre-development costs on proposed construction and/or rehabilitation projects developed for persons with disabilities. Tenant preference will be given to homeless and chronically homeless. Local CHDO for Gaston Consortium uses HOME funds to increase rental units for disabled, giving preference to homeless and chronic homeless. CoC will continue to apply for S+C units and Housing First Units. CoC is developing private partnerships with profit corporations to build affordable housing units.

How many permanent housing beds do you currently have in place for chronically homeless persons?	27
How many permanent housing beds do you plan to create in the next 12-months?	37
How many permanent housing beds do you plan to create in the next 5-years?	57
How many permanent housing beds do you plan to create in the next 10-years?	87

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)?

CoC exceeded HUD national objective with 80% for persons remaining in PH at least six months. Through the Main Decision-Making Group stakeholders and PH providers ensure that all actions that may cause eviction are addressed with tenants prior to entry and reinforced frequently by tenant's community support worker. Strong community support is key and will continue to be a key success component. As backup, CoC members are proactive in advocacy issues with landlords and rental subsidy sources as well as maintain open dialogue with providers.

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).

CoC will continue to pursue landlords that are supportive of success in permanent housing for homeless populations. CoC will continue to ensure strong community support for tenants in permanent housing. CoC will continue to maintain policy of reinforcement with tenants on need to remain housed and ensure good tenant /landlord relations. Coc will continue to maintain strong and open dialogues with providers, consumers and landlords.

What percentage of homeless persons in permanent housing have remained for at least six months?	80
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	82
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	84

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	86

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)?

CoC has exceeded HUD threshold to 75%. CoC Monitoring Committee shall provide courtesy reviews of TH programs every six months and maintain open dialogue with providers and stakeholders to address any challenges. Additionally, TH program providers ensure an appropriate screening process for potential participants to determine motivation for success. CoC members and stakeholders also consider the challenge of difficult populations in determining success potential. These multiple steps shall assure a degree of success that will increase the percentage moving to permanent housing.

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

The CoC members and stakeholders shall maintain open dialogues, working as a team to refine existing programs and implement best national practices within transtional housing programs. As a long-term goal, CoC members may consider transitioning to all permanent supportive housing in lieu of transitional housing programs.

What percentage of homeless persons in transitional housing have moved to permanent housing?	75
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	77
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	79
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	80

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)?

The CoC exceeded the HUD threshold. CoC member agencies and stakeholders have a priority of employment for those with the ability to work. With unemployment peaking at 15% for this CoC area, it has affected the ability of participants to find work. 2008 employment percentage was 41% so we are confident that our percentages will improve when the economy improves. Additonally, we noted that 30% of homeless participants were receiving disability benefits and therefore, not able to acquire substantial gainful employment. CoC members look at alternative opportunities such as temporary employment services and developing partnerships with large employers. Additionally, members and stakeholders make referrals to the various employment program available at the Employment Security Commission.

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).

CoC member agencies and stakeholders are challenging program participants with certain requirements that must be accomplished as part of the program criteria. This includes job readiness training and job search. Programs staff monitor accomplishments of staff. CoC members and stakeholders shall provide participants receiving disability (SSI, SSDI, VA) with information on SSA Ticket to Work Program since 30% of participants are disabled.

What percentage of persons are employed at program exit?	27
In 12-months, what percentage of persons will be employed at program exit?	29
In 5-years, what percentage of persons will be employed at program exit?	32
In 10-years, what percentage of persons will be employed at program exit?	34

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)?

Through the HPRP grant awarded through the CoC, members and stakeholders shall utilize funds to reduce the number of homeless families with children. Additionally, the CoC shall look at longer term solutions as alternative funds for the HPRP.

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

CoC members and stakeholders consider alternative ways to provide homeless prevention activities that will reduce the number of homeless families entering shelters and/or living in places not meant for human habitation. Members and stakeholders advocate with current homeless prevention programs to re-define existing programs and monitor effectiveness.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	51
In 12-months, what will be the total number of homeless households with children?	42
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?	8

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 children who are aging out of service often need housing supports from the local community. The State of North Carolina mandates that the local governmental units administering the foster care program begin preparing foster care children to become self-sufficient prior to age 18. The N.C. Childrens Policy Review Committee, within the Department of Health and Human Services Division of Social Services has developed protocols for Transitional Living Plans for youth being discharged from the foster care systems. Components of these protocols include the requirement that each youth will have a stable place to live upon discharge, with a primary and backup discharge plan to minimize the likelihood of homelessness resulting from a disrupted plan. Therefore, it is the policy of CoC member agencies that all due diligence should be exercised by the local foster care programs to ensure that persons aging out of the foster care system are not rendered homeless. Through MOU's with local Dept. of Social Services and the CoC, the agreement is not to accept applicants into their federally-funded housing programs for homeless consumers who have become homeless as a direct result of local governmental unit releases from foster care.

Health Care:

Because hospitals are independent and do not fall under a state office, it is impossible to develop written formal protocols. However, the local hospitals, with member representation in the local CoC, has established protocols to address the need for continuing care, treatment and services after discharge to ensure patients are not discharged to homelessness. Through the combined resources of the hospital emergency social work staff and the non-profit providers appropriate housing is located. The CoC members agree that emergency prevention measures shall be taken for appropriate placement so that no person is discharged into a federally-funded homeless program. Additionally, through hospital emergency social work staff, persons receiving emergency room care who are identified as homeless shall be provided with a list of housing and service resources to address their need for permanent housing.

Mental Health:

N.C. Administrative Code (10A NCAC 28F .0209) requires housing discharge planning for individuals in state psychiatric hospital and alcohol and drug abuse treatment centers for anyone remaining in treatment 31 days or more. Formal MOU's have been implemented with state mental health institutions and substance abuse treatment centers and the CoC to ensure strategies to identify appropriate permanent housing for persons being discharged. The local mental health system also maintains a transitional program facility to ensure no one is discharged to homelessness. The transitional program has protocols in place that ensure permanent supportive housing for persons discharged from the program. This program is funded through local, state and other federal resources apart from the U.S. Dept. of HUD. Therefore, homeless housing programs within the CoC agree they will not accept persons coming directly from a state mental institution or the local mental health transitional program into federally-funded homeless housing programs.

Corrections:

The CoC has developed a written protocol that CoC participating agencies that receive HUD McKinney-Vento funds will not accept participants into their program directly from state prisons or local jails. State prisons in NC are not allowed to sign MOU's with locl CoC's; instead all MOU's must be coordinated with the Dept. of Corrections itself. Final protocols between the DOC are under DOC attorney review with anticipated implementation in late 2010. Locally, the Sheriff or his liasion, who operate the jail, are members of the CoC.

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:	City of Gastonia/Gastonia Consortium: 1. Reduce the number of chronically homeless living on the streets; 2. Increase the percentage of homeless persons retaining permanent housing; and 3. Increase the availability of services for homeless persons. STATE OF NORTH CAROLINA Objectives: 1. Utilitize ESG to support homeless prevention and emergency shelters; 2. Develop 400 units of supportive housing for homeless persons with disabilities utilizing $4 million in HOME and $4 million from the Housing Trust Fund through the NCHFA Supportive Housing Development.

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

Local CoC members attended the public hearings and other meetings held by the State of NC, administrator of HPRP funds. The CoC was heavily involved with the planning portion of the application and developed HPRP team members to work with the agencies to apply and to implement the HPRP programs designed. The CoC wrote letters of endorsement of the application. The CoC application was awarded $1.5 million over a three year period. The funds are being administered locally by The Salvation Army for Gaston & Lincoln Counties and by the Isothermal Planning Commission for Cleveland County (they administer the Housing Choice Vouchers in Cleveland County).

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 is making referral to the local Employment Security Commission for funds received to assist older workers to return to the work force and to Dept of Social Services so homeless people may access any federal programs funded by the ARRA. The City of Gastonia, who was awarded NSP funds, makes referrals to the CoC to assist with homeless prevention of households in threat of losing their housing.

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.	15	**Beds**	15	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	97	**%**	80	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	91	**%**	75	**%**
Increase percentage of homeless persons employed at exit to at least 19%	42	**%**	27	**%**
Decrease the number of homeless households with children.	6	**Households**	-1	**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:

CoC exceeded four of the five HUD national objectives; however all proposed percentages could not be accomplished due to economic downturn with unemployment peaking at 15% for the CoC area. Accomplished creation of new beds for chronically homeless beds with CoC-PH and local HOME TBRA. CoC will continue to move forward through construction and subsidies to increase PH beds for chronically homeless. Persons in PH: Accomplished 80%; however, because PH participants have housing choices, particularly after receiving disability income, some moved to non-subsidized housing, one became homeowner, one family moved to larger unit with TBRA funds due to increase in family size. Although these events decreased our goal accomplishment, these were positive outcomes for program participants. TH program: The challenge with TH outcomes is the difficult population served (young men that are seriously mentally ill, substance abusers or dual diagnosis). Employment: Greatest challenge is economic conditions and High (15%) unemployment rates. Homeless families: Again, due to economic conditions and many businesses downsizing, families that have not been at potential risk to become homeless are now experiencing it. This has caused a slight increase in the number of homeless families (from 50 in 2008 to 51 in 2009); therefore, CoC could not meet the goal of reducing homelessness among families with children but was able to substantially maintain in spite of economy.

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	258	5
2008	155	5
2009	24	21

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.

6

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	$254,000	$546,000	$0	$0	$0
Operations	$0	$38,400	$0	$0	$19,000
Total	$254,000	$584,400	$0	$0	$19,000

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)	24
b. Number of participants who did not leave the project(s)	82
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	64
e. Number of participants who did not exit and were enrolled for less than 6 months	18
TOTAL PH (%)	80

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	20
b. Number of participants who moved to PH	15
TOTAL TH (%)	75

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: 172

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	36	21	**%**
SSDI	13	8	**%**
Social Security	0	0	**%**
General Public Assistance	0	0	**%**
TANF	2	1	**%**
SCHIP	0	0	**%**
Veterans Benefits	2	1	**%**
Employment Income	46	27	**%**
Unemployment Benefits	4	2	**%**
Veterans Health Care	1	1	**%**
Medicaid	37	22	**%**
Food Stamps	81	47	**%**
Other (Please specify below)	5	3	**%**
Medicare, Pension, Child Support			
No Financial Resources	34	20	**%**

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? Yes

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.

Monitoring and compliance committee review APR twice yearly, this includes improvement (by agency) of access to mainstream programs.

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

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

CoC has dedicated SOAR worker that also helps to ensure access to mainstream entitlement benefits which coordinates efforts with agency members and stakeholders.

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).

July 18-19, 2007 (Gastonia); December 2-3, 2008 (Morganton); Planned SOAR training scheduled for December 9-10, 2009 (Gastonia) sponsored by CoC Lead Agency.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Application completed on site or at DSS with assistance of provider staff	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%
Dept. of Social Services is very compartmentalized and does not allow one application process	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Casemanager reviews with consumer at follow-up appt, if denied assists consumer with appeal and attends appeal with consumer	

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

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

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

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

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

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

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

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	No
***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?**	No
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	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?**	Yes
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	No
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

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
Fresh Start	2009-11-24 09:20:...	1 Year	Cleveland County ...	37,158	Renewal Project	SHP	SSO	F
Fresh Dawn	2009-11-19 10:32:...	1 Year	Cleveland County ...	9,286	Renewal Project	SHP	PH	F
As One Ministries...	2009-11-24 14:36:...	1 Year	As One Ministries...	63,840	Renewal Project	SHP	PH	F
New Beginnings	2009-11-19 10:45:...	1 Year	Cleveland County ...	26,507	Renewal Project	SHP	PH	F
New Start	2009-11-20 08:43:...	1 Year	Cleveland County ...	33,411	Renewal Project	SHP	PH	F
Supportive Housin...	2009-11-16 13:00:...	1 Year	Gaston County Int...	38,850	Renewal Project	SHP	SSO	F
As One Ministries...	2009-11-24 10:52:...	2 Years	As One Ministries...	54,324	New Project	SHP	PH	P1
S+C Renewals	2009-10-26 16:03:...	1 Year	Gaston,Lincoln,Cl...	326,700	Renewal Project	S+C	TRA	U
As One Ministries...	2009-11-24 10:29:...	2 Years	As One Ministries...	86,530	New Project	SHP	PH	F2
Supportive Housin...	2009-11-23 21:32:...	1 Year	With Friends, Inc.	66,457	Renewal Project	SHP	SH	F
S+C 05 renewal	2009-10-26 15:55:...	1 Year	Gaston,Lincoln,Cl...	105,504	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	$362,039
Permanent Housing Bonus	$54,324
SPC Renewal	$432,204
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC-509 Certification	11/24/2009

Attachment Details

Document Description: NC-509 Certification