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-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC

CoC Lead Organization Name: Southeastern Center for MH/DD/SAS

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:	Tri County Homeless Interagency Council
Indicate the frequency of group meetings:	Monthly or more
If less than bi-monthly, please explain (limit 500 characters):	
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	
Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	74%

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

Elected:	
Assigned:	
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

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

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

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

Specify "other" process(es):

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

Yes, the Tri-County Homeless Interagency Council has the capacity to be responsible for HUD funding and project oversight. The Council has already instituted by-laws with the hopes of establishing a non profit. The Council has also spoken with different entities to gauge their receptiveness of becoming the fiduciary agent for the group. The Council has received at least one accepted request. The Council has begun the process of program monitoring.

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
Tri-County Homeless Interagency Council	This council oversees and helps to create a comprehensive system of care for homeless individuals and families and those at risk of homelessness	Monthly or more
COC Grant Committee	A Planning and Action tool to maximize the resources of all segments of the TriCounty area in providing needed services to homeless individuals.	Monthly or more
Veterans Stand-down Committee	To assess the needs of homeless veterans and direction to the proper agency to accommodate those needs. To sponsor an annual Standdown event	Monthly or more
Affordable Housing Coalition	To identify affordable housing needs and to coordinate individual, community and government efforts toward increasing the supply and opportunity for affordable housing.	Monthly or more
Permanent Supportive Housing Coalition	To provide client case presentation and route client to the appropriate living evironment, and assess their needs for additional supportive services	Monthly or more

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
Veterans Service Office	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans
NC Division of Vocational Rehabilitation	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
NC Division of MH/DD/SAS	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Dept. of Health & Human Services	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
New Hanover Health Dept.	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, HIV/AIDS
New Hanover DSS	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Serio...
Southeastern Center for MH/DD/SAS	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Facility Based Crisis	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Deaf Services	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Wilmington Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
New Hanover County Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Wilmington Police Department	Public Sector	Law enf...	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
New Hanover County Sheriff	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Employment Security Commission	Public Sector	Local w...	Attend Consolidated Plan focus groups/public forums durin...	Veterans
Cape Fear Area United Way	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Brunswick Family Assistance Agency	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...

New Hanover County Veterans Council	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
The Arc of North Carolina	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Coastal Carolina HIV Care Consortium	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Domestic Violence Shelter/Services	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Food Bank of North Carolina	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan f...	Seriously Me...
Leading Into New Communities (LINC)	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
East Coast Solutions	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Coastal Horizons	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Legal AID	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Do...
WHFD	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Cape Fear Housing for Independent Living, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Mental Health Association	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Triangle Coastal Disability Advocate	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Volunteers of America/Carolinas	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Good Shepherd Center	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
First Fruit Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
First Baptist Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Substance Abuse
Interfaith Hospitality Network	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes...

Salvation Army	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Subst...
Phoenix Employment Ministries	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
Jesus Ministries	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
First Presbyterian Church	Private Sector	Faith -b...	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
National Alliance for the Mentally ILL Wilmingt...	Private Sector	Fun der ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Community Support Specialists	Private Sector	Busi ness es	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
VA Medical Center: Fayetteville	Private Sector	Busi ness es	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
New Hanover Community Homeless Clinic	Private Sector	Hos pita.. .	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Duke Medical Center	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Ab...
New Hanover Health Network	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	Youth, Subst...
UNCW	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Bridgecare	Private Sector	Non- pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Easter Seals UCP	Private Sector	Non- pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
CHIN-HMIS	Private Sector	Busi ness es	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
House of Integrity Ministry	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Gary Keyes	Individual	For merl. ..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
City of Wilmington	Public Sector	Stat e g...	Authoring agency for Consolidated Plan	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, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

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

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

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

Emergency Shelter: 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):

Wilmington Interfaith Hospitality Network's beds have increased our inventory.Brunswick Family Assistance Agency's transitional beds were reduced due to partial loss of funding.

Permanent Housing: Yes

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

Brunswick Family Assistance Agency's permanent supportive housing beds were increased by 3 beds for individuals. Wilmington Interfaith Hospitality Network's beds have increased by 4 beds for families.

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

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Ehic	11/06/2009

Attachment Details

Document Description: Ehic

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/28/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Stakeholder discussion
Specify "other" data types:	

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

Stakeholder discussions were used to create a delphi estimate of the percentages of appropriate levels of placement used in the HUD unmet need formulas. The point in time unsheltered need count and housing inventory was used to supply the base census numbers used in the unmet need calculations. This base census was verified using HMIS data where available.

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-504 - Greensboro/High Point CoC, NC-513 - Chapel Hill/Orange County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina CoC, NC-500 - Winston Salem/Forsyth County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Service Point
What is the name of the HMIS software company?	Bowman Systems, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	05/01/2006
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by non-HUD funded providers, No CoC formal data quality plan

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

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

The Carolina Homeless Informtion Network is working with CoC participating agencies and leadership to assist them in improving their data quality, bed coverage, and to move closer to an unduplicated count of homeless individuals served. Standardized and customized reporting, end user certification and refresher training, and focused technical assistance are some of the tools that CHIN staff use to assist continua. CHIN produces a monthly data quality report to provide agencies with an overview of their data completeness, utilization rates, and inventory. In addition to standard reports and support, CHIN has developed a healthy indicators tool to help agencies and stakeholders monitor their HMIS improvement throughout the year.

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

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

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

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

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

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

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

Instructions:

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

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

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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

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

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

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

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

Instructions:

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

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	6%
* Date of Birth	1%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	1%	0%
* Veteran Status	0%	0%
* Disabling Condition	8%	6%
* Residence Prior to Program Entry	1%	2%
* Zip Code of Last Permanent Address	1%	12%
* 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?	Quarterly
How frequently does the CoC review the quality of program level data?	Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

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

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

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

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

Instructions:

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

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

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

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

Instructions:

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

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

*** Unique user name and password**	**Quarterly**
*** 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**	Monthly

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Quarterly
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	Annually
Data Security training	Never
Data Quality training	Semi-annually
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Quarterly
Basic computer skills training	Monthly
HMIS software training	Semi-annually

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: 20	59	28	107
Number of Persons (adults and children): 65	154	68	287

Households without	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 134	96	87	317
Number of Persons (adults and unaccompanied youth): 140	109	94	343

All Households/	All Persons		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Total Households: 154	155	115	424
Total Persons: 205	263	162	630

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)**	73	45	118
*** Severely Mentally Ill**	84	20	104
*** Chronic Substance Abuse**	97	12	109
*** Veterans**	37	24	61
*** Persons with HIV/AIDS**	2	0	2
*** Victims of Domestic Violence**	38	16	54
*** Unaccompanied Youth (under 18)**	6	3	9

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)	01/29/2010

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:	X

If Other, specify:

Continuum of Care Grant Committee reviewed all collected data and created an unduplicated count.

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

All sheltered adults and unaccompanied youth were interviewed to gather data. CoC used HMIS and individual client records to gather sub-population information on sheltered homeless persons. Providers calculated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole. Extrapolation techniques were applied to describe sub-populations of unsheltered homeless people.

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):

The sheltered population showed an increase from 2008: 468 total persons versus 427 in 2008. Virtually all the increase was among families: 219 individuals in families in 2009 versus 175 in 2008. The main factors behind the change were an overall increase in emergency and transitional beds for families and an increase in the number of families requiring shelter due to our national economic contraction and loss of jobs.

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

Instructions:

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

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

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

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

If Other, specify:

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

All willing sheltered adults and unaccompanied youth were interviewed to gather subpopulation information. Providers used individual client records to provide subpopulation data for each adult and unaccompanied youth. Providers calculated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole. CoC also used HMIS to gather subpopulation information on sheltered homeless persons.

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

The sheltered population sub-data for 2009 was very similar to 2008, with increases among the seriously mentally ill (84, up from 68) and veterans (37, up from 32). There was a decrease in the number of Diagnosable Substance Use Disorder: 97, down from 106. Overall, these changes do not seem to be indicative of any specific factors, but rather just normal variances.

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:	X
None:	
Other:	

If Other, specify:

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

CoC Grant Committee checks records of clients who were served at day soup kitchens and services centers with numbers collected by night-only shelters. Also, programs operating nighttime services such as overnight shelters ask incoming clients if they have been counted earlier in the day.

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

Instructions:

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Continuum of Care Grant Committee reviewed all collected data and created an unduplicated count by conducting training(s) for PIT enumerators and used HMIS to check for duplicate information.

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):

COC aids in creating a comprehensive system of care to reduce the number of unsheltered homeless households with dependent children by maximizing the resources that provide needed services, directing clients to appropriate living environments, and assesssing their needs for additional supportive services.

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):

COC participating agencies identify and engage persons in need through various methods, including but not limited to: outreach, walk-ins, referrals, agency-sponsored events, establishing contact points, and community involvement. Multiple agencies with street outreach programs coordinate information and services to identify homeless camps and lone individuals in need of care.

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

The unsheltered population showed a marked increase from 2008: 128 total persons versus 69 in 2008. Most of the increase was among families, 68 individuals in families in 2009 versus 2 in 2008. The main factors behind the change were an overall increase in homeless population, especially families, resulting in full shelters, leaving more people unsheltered; and improved data collection (more unsheltered sites visited.)

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 working with a new agency, Community Support Specialists, in developing the Bridge Care program with this year's Samaritan Bonus. If the bonus is received, Bridge Care will add 3 new PH beds. Also our lead agency, Southeastern LME, in conjunction with the Housing Authority and RHA were awarded a grant through the 400 initiative that will result in the creation 2 additional beds for the chronically homeless in 2010.

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

Our CoC has been very active in their pursuit of additional funding for permanent housing. We continue to use Samaritan Bonus, NC Housing Finance Agency, Tax Credit projects for private developers, the 400 initiative and tenant based rental assistance program in the past and have had success in building this resource. Additionally we have access to new resources in recent years: our 10 year plan to end chronic homelessness project, VASH vouchers, and our lead agency Southeastern Center LME will stay informed of community, state and federal opportunities to expand PH through their relationship with the local Housing Authority, and through housing specialist searching grant opportunities.

How many permanent housing beds do you currently have in place for chronically homeless persons?	93
How many permanent housing beds do you plan to create in the next 12-months?	98
How many permanent housing beds do you plan to create in the next 5-years?	115
How many permanent housing beds do you plan to create in the next 10-years?	125

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

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

Instructions:

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

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

The CoC provides supportive services to those clients who are struggling with stabilization in housing. Providers refer to substance abuse counseling, individual counseling, connect with SOAR case worker to apply for disability, connect to heating assistance program, crisis intervention and prevention, monitoring of client placement, food stamps etc. The CoC plans to utilize the Tri-HIC to Increase PH providers' education on supportive services availble in the community to assist clients with stabalization and utilize the CoC lead agency, as the local management entity of sevices to chronically homeless individuals, to keep the providers informed.

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).

Southeastern Center has created a program of Wellness Managment Recovery to increase cognitive ability in collaboration with area service providers. Wilmington Housing Authority (Tri-HIC member) provided 15 VASH vouchers and 50 vouchers for non-elderly adults with disabilities. HPRP award was funded over $1.2 million, which may be used for security deposits and utility allowances to ensure at least six months residence. Sixteen new permanent supportive housing units are planned under the 400 Initiative.

What percentage of homeless persons in permanent housing have remained for at least six months?	72
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	77
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	86

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	90

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)?

Our CoC's percentage of persons transitioning into PH excedes the stated objective of 65%. We will continue to utilize section 8 vouchers for persons with disabilities, the new VASH vouchers for veterns, and the lead agency received an award from the 400 initiatve to add 16 additional PH beds to our community 14 beds that can serve those leaving a transitional housing program.

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 will continue to work with community agencies to develop new sources of permanent housing, while collaborating with the community's 10 Year Plan to End Homelessness, the Affordable Housing Coalition, and other government and private entities.

What percentage of homeless persons in transitional housing have moved to permanent housing?	81
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	83
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	85
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	87

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)?

Our CoC has been affected by the national economic down turn. Currently, 26% of clients are employed at discharge. This is above the objective of 20%, however significantly lower than in grant year 08-09 when we had 44% employed at discharge. The PH and TH programs continued to use the Vocational Rehabilitation and Phoenix Employment Ministy to assist our consumers however they report a decrease in successful job placement. Phoenix Ministries reports a history of placing 6-8 persons monthly and now only 1 in the last 3 months. As a result we are projecting a decrease in the percentage of persons employed at discharge again this year. We are however increasing our partnership with the community college adult education program that provides free certificate programs to low income persons in an effort to increase their marketability.

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).

We have historically had success with the employment agencies available to our clients so we plan to continue those relationships while at the same time increasing the use of the community college and their adult education programs to make our clients more marketable through the use of their certification programs.

What percentage of persons are employed at program exit?	26
In 12-months, what percentage of persons will be employed at program exit?	20
In 5-years, what percentage of persons will be employed at program exit?	26
In 10-years, what percentage of persons will be employed at program exit?	30

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)?

Our CoC was awarded Homelessness Prevention and Rapid Re-housing Program (HPRP)funds. These funds will be used to provide scattered site transitional housing through temporary rental assistance and utility payments, moving assistance, rental unit and utility deposits, temporary storage of household goods, credit repair, and motel vouchers for up to 30 days when permanent housing has been identified. The HPRP funds also can be used by families that can be stabilized in unsubsidized rental housing within 18 months or less. Also during this intervention clients will be introduced to available supportive services in their area. Referrals will be made for wrap-around community resources.

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

HPRP is a three year funding opportunity presented to our CoC. We are planning to use this funding to create housing for families with dependant children and using the data we collect to search out and apply for other funding opportunities, governmental and foundational, to support our on-going commitment to rapid re-housing and prevention of homelessness.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	219
In 12-months, what will be the total number of homeless households with children?	150
In 5-years, what will be the total number of homeless households with children?	115
In 10-years, what will be the total number of homeless households with children?	55

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:

Southeastern Center Childrens Specialist has a committee for people aging out of group homes. There is an individual plan developed for each and they are not put in to the street. Assistance is provided upon request.

To expedite the housing search phase of discharge planning, the Ten Year Plan to End Chronic Homelessness and Reduce Homelessness in the Cape Fear Region created a Current Housing Availability Tool (C.H.A.T.) on their website www.capefearhomeless.org. C.H.A.T. is updated weekly and highlights all available NC-506 beds in emergency shelters, transitional and permanent housing facilities. Local foster care programs utilize this tool to obtain housing for otherwise homeless individuals.

Additionally, the Cape Fear Area Ten-Year Plan has a functioning Discharge Planning Subcommittee dedicated to aide in the improvment of the processes and procedures of local foster care programs.

Health Care:

Many local hospitals such as Cherry, New Hanover, and Cape Fear, participate in creating individual discharge plans so that individuals are not placed on the streets.

To expedite the housing search phase of discharge planning, the Ten Year Plan to End Chronic Homelessness and Reduce Homelessness in the Cape Fear Region created a Current Housing Availability Tool (C.H.A.T.) on their website www.capefearhomeless.org. C.H.A.T. is updated weekly and highlights all available NC-506 beds in emergency shelters, transitional and permanent housing facilities. Local hospitals utilize this tool to obtain housing for otherwise homeless individuals.

Additionally, the Cape Fear Area Ten-Year Plan has a functioning Discharge Planning Subcommittee dedicated to aiding in the improvement of the processes and procedures of local hospitals.

Mental Health:

SECMH employs a Client Advocate to coordinate discharge planning locally and assist with Olmstead cases at the regional state facilities.
For patient stays in facilities less than 60 days, a facility will call the Access Line to schedule a visit with a Community Support Service within five working days of being discharged from the facility. During this meeting, the Community Support staff identifies any homelessness and begins to coordinate adequate housing and related services.
SECMH also received Community Capacity funds from NC Division of MH/DD/SAS specifically targeted toward consumers being released from State institutions. With these funds, SECMH has developed Facility Based Crisis beds that can be utilized by homeless consumers in lieu of entering a State Hospital or Facility or when being discharged from a State Facility. The individuals are not discharged to the street.
To expedite the housing search phase of discharge planning, the Ten Year Plan to End Chronic Homelessness and Reduce Homelessness in the Cape Fear Region created a Current Housing Availability Tool (C.H.A.T.) on their website www.capefearhomeless.org. C.H.A.T. is updated weekly and highlights all available NC-506 beds in emergency shelters, transitional and permanent housing facilities. Local mental health care entities utilize this tool to obtain housing for otherwise homeless individuals.
See www.secmh.org for Community Supportive Service Transition Plan.

Corrections:

Beginning in 2008 SEC hired a client advocate that is a liaison with local county jails. She is working with the jails to improve services to mentally ill and homeless persons that are incarcerated. In that capacity she is working on facilitating discharges and linking ex-offenders with housing and mental health services. In addition Department of Corrections facilities in the area work with the Southeastern Center Housing Coordinator on housing issues for inmates being discharged to this area. The Housing Coordinator also receives calls from Department of Corrections facilities throughout the state that are discharging inmates to the region covered by this continuum of care. The individuals are not discharged to the street.

To expedite the housing search phase of discharge planning, the Ten Year Plan to End Chronic Homelessness and Reduce Homelessness in the Cape Fear Region created a Current Housing Availability Tool (C.H.A.T.) on their website www.capefearhomeless.org. C.H.A.T. is updated weekly and highlights all available NC-506 beds in emergency shelters, transitional and permanent housing facilities. Local correctional facilities utilize this tool to obtain housing for otherwise homeless individuals.

Additionally, the Cape Fear Area Ten-Year Plan has a functioning Discharge Planning Subcommittee dedicated to improving the processes and procedures of local correctional facilities.

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:	--Continue to support the efforts of agencies such as the Tri-County Homeless Interagency Council and include the councils recommendations in the decision-making process for expending CDBG and HOME funds on homeless-related programs --Create 60 transitional or permanent housing units --Create 40 additional emergency shelter beds with supportive services. --Support the efforts of private developers who are building affordable housing and encourage them to create partnerships with agencies that provide supportive housing services to the homeless population.

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):

NC-506 was instrumental in the coordination and subsequent award of the $1.2 million Cape Fear Area HPRP grant. All of the CoC members collaborated and agreed on the workflow process and voted on the Lead Applicant and Partner Agencies. Additionally, several of the 506 CoC members are either direct partner agencies providing the homelessness prevention and rapid re-housing services or are providing the wrap-around services necessary to fully move HPRP clients out of crisis and into stable housing.

Housing homeless people and preventing homelessness among nonhomeless people, particularly those with special needs or extremely low incomes, are among the Wilmington/ Brunswick, New Hanover, Pender Counties' HPRP highest priorities. NC-506 CoC identifies the high-priority populations in our area to be:
1) homeless families and individuals
2) housed persons at imminent risk of becoming homeless
3) urban renters earning 0-30% of MFI
4) rural renters earning 0-50% of MFI

All the activities the NC-506 intends to accomplish with HPRP funds are aligned with the Consolidated Plan and include the following: short and medium term rental assistance, utility deposits and payments, rental deposits, moving expense, storage fees, motel/ hotel vouchers and credit repair.

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 NC-506 area has the following ARRA funded programs: VASH and Disability Vouchers; Tax Credit Assistance Programs; Weatherization; Neighborhood Stabilization Program; Community Development Block Grant; Homelessness Prevention & Rapid Re-Housing; Food Stamps, Social Security, Work Force investment, DOT Projects; Transit; School Bonds; Energy Conservation; Education Stabilization; Justice and Public Safety; Clean Water; Drinking Water; School Lunch Equipment.

Representatives from ARRA funded agencies regularly attend and present relevant information at the monthly Homeless Interagency Council meetings. Additionally, Cape Fear Area HPRP Case Managers and NC-506 agencies are specifically trained on the appropriate method of referring clients to suitable local ARRA funded programs.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	93	**Beds**	104	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	82	**%**	77	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	**%**	68	**%**
Increase percentage of homeless persons employed at exit to at least 19%	45	**%**	23	**%**
Decrease the number of homeless households with children.	40	**Households**	38	**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:

Our CoC, as many others, has been seriously affected by the nation's economic contraction. Joblessness has risen in all sectors of our local economy and contributed to decreased levels of employment compared to 2008's projections. However, our CoC is performing well beyond HUD National Objectives, despite being below our anticipated levels.

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	342	38
2008	211	52
2009	118	55

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

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

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

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

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)	16
b. Number of participants who did not leave the project(s)	43
c. Number of participants who exited after staying 6 months or longer	33
d. Number of participants who did not exit after staying 6 months or longer	48
e. Number of participants who did not exit and were enrolled for less than 6 months	4
TOTAL PH (%)	137

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	59
b. Number of participants who moved to PH	32
TOTAL TH (%)	269

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: 212

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	28	13	%
SSDI	10	5	%
Social Security	10	5	%
General Public Assistance	3	1	%
TANF	3	1	%
SCHIP	2	1	%
Veterans Benefits	3	1	%
Employment Income	37	17	%
Unemployment Benefits	0	0	%
Veterans Health Care	1	0	%
Medicaid	35	17	%
Food Stamps	43	20	%
Other (Please specify below)	5	2	%
No Financial Resources	32	15	%

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.

All project APRs are reviewed and discussed at the weekly COC grant meeting. All agencies also fill out CoC-designed charts more specifically detailing mainstream benefits for all clients exiting their programs. These are reviewed annually as agencies begin the COC grant process. Other meetings, such as the Transitional Housing SubCommittee, strategize on accessing benefits for clients monthly.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	Yes

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

10/2/08; 11/4/08; 12/2/08; 1/6/09; 2/3/09; 3/3/09; 4/7/09; 5/5/09; 6/2/09; 7/7/09; 8/4/09; 9/2/09; 10/6/09.

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	Both
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.	Monthly or more
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).

2/19/07; 2/20/07; 8/4/08; 8/28/08; 12/10/08.

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%
Case Managers meet with the applicants. Goals and a person centered plan are created to document progress and success. In some cases the Case Managers present the individuals' information to the Permanent Supportive Housing Coalition.	

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:**	100%
Mental Health Center; DSS; Health Department; Homeless Shelter	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Through the Case Management Service, the Homeless Assistance Providers meet with the individuals to confirm that mainstream benefits are being received. If not, assistance and follow-up are provided until the goal is met.	

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 B

Part B - Page 1

State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A

1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If you select No, skip to question 4.	Yes
2. Does your state require that a local jurisdiction?s comprehensive plan estimate 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 state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	Yes
7. Does your state have specific enabling legislation for local impact fees? If No, skip to question 9.	No
8. If you responded Yes to question 7, does the state 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?	
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	Yes

Part B - Page 2

10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five 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? Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?	Yes
11. 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" at http://www.huduser.org/publications/destech/smartcodes.html.	Yes
12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state?s own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly describe.	No
13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?	Yes
14. Within the past five years, has the state 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 states Consolidated Plan submitted to HUD? If yes, briefly describe.	No
15. Has the state undertaken any other actions regarding local jurisdiction?s regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.	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
Kathryn Leigh	2009-11-06 14:30:...	1 Year	Cape Fear Housing...	95,381	Renewal Project	SHP	PH	F
Haven I Permanent ...	2009-11-04 09:40:...	1 Year	Brunswick Family ...	21,671	Renewal Project	SHP	PH	F
Driftwood Apartments	2009-10-26 09:33:...	1 Year	Wilmington Housin...	62,333	Renewal Project	SHP	PH	F
Hopewood Apartments	2009-10-22 14:20:...	1 Year	Housing Authority...	131,664	Renewal Project	S+C	PRAR	U
The Arc of NC Sup...	2009-10-29 15:22:...	1 Year	The Arc of North ...	50,765	Renewal Project	SHP	PH	F
Fourth Quarter Ap...	2009-11-13 12:39:...	1 Year	Good Shepherd Min...	56,073	Renewal Project	SHP	TH	F
Horizons Housing	2009-10-23 14:01:...	1 Year	Coastal Horizons ...	80,698	Renewal Project	SHP	PH	F
Willow Pond Trans...	2009-11-13 08:42:...	1 Year	Wilmington Interf...	86,997	Renewal Project	SHP	TH	F
Haven II Permanen...	2009-11-04 09:59:...	1 Year	Brunswick Family ...	21,317	Renewal Project	SHP	PH	F
Wilmington Dream ...	2009-11-06 14:46:...	1 Year	First Fruit Minis...	120,716	Renewal Project	SHP	TH	F
Bridgecare	2009-11-18 15:53:...	2 Years	Bridgecare	43,172	New Project	SHP	PH	P1

Budget Summary

FPRN	$595,951
Permanent Housing Bonus	$43,172
SPC Renewal	$131,664
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Wilm/Bruns/NH/Pen...	11/05/2009

Attachment Details

Document Description: Wilm/Bruns/NH/Pender Counties