

## **Before Starting the Project Listings for the CoC Priority Listing**

**The FY 2019 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2019 CoC Program Competition NOFA.**

The FY 2019 CoC Priority Listing includes the following:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects as described in the FY 2019 CoC Program Competition NOFA.
- New Project Listing – lists all new project applications created through reallocation, the CoC Bonus, and DV Bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2019 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- YHDP Project Listing – lists the eligible YHDP renewal project for the CoC that must be approved and ranked or rejected by the CoC.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- All new, renewal, and YHDP projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: <https://www.hudexchange.info/resource/2916/project-priority-listing-coc-consolidated-application/>

## 1A. Continuum of Care (CoC) Identification

### Instructions:

For guidance on completing this form, please reference the FY 2019 CoC Priority Listing Detailed Instructions and FY 2019 CoC Priority Listing Navigational Guide on the HUD Exchange at <https://www.hudexchange.info/programs/e-snaps/>.

Submit technical question to the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/program-support/my-question/>.

**Collaborative Applicant Name:** North Carolina Coalition to End Homelessness Inc.

## 2. Reallocation

**Instructions:**

For guidance on completing this form, please reference the FY 2019 CoC Priority Listing Detailed Instructions and FY 2019 CoC Priority Listing Navigational Guide on the HUD Exchange at <https://www.hudexchange.info/programs/e-snaps/>.

Submit technical question to the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/program-support/my-question/>.

**2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2020 into one or more new projects?** Yes

### 3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2019 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$134,772				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
HOPE PSH FY 2018	NC0223L4F031808	PH-PSH	\$80,361	Regular
Eastpointe Shelte...	NC0241L4F031803	PH-PSH	\$54,411	Regular

### 3. Reallocation - Grant(s) Eliminated Details

**Instructions:**

For guidance on completing this form, please reference the FY 2019 CoC Priority Listing Detailed Instructions and FY 2019 CoC Priority Listing Navigational Guide on the HUD Exchange at <https://www.hudexchange.info/programs/e-snaps/>.  
Submit technical question to the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/program-support/my-question/>.

**\* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2019 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2019 Grant Inventory Worksheet to ensure all information entered on this form is accurate.**

**Eliminated Project Name:** HOPE PSH FY 2018

**Grant Number of Eliminated Project:** NC0223L4F031808

**Eliminated Project Component Type:** PH-PSH

**Eliminated Project Annual Renewal Amount:** \$80,361

**3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)**

The project was reviewed and scored by the CoC's Project Review Committee, using a scorecard created by the CoC's Scorecard Committee. This was the lowest-performing renewal project submitted to the CoC. The project did not meet the CoC's Housing First standards and missed 3 of 9 of SAMHSA's Key Elements of Permanent Supportive Housing in the scorecard. The Project Review Committee's recommendation to fully reallocate this project was approved by the CoC Steering Committee at its public meeting on September 4, 2019. The project applicant was notified on September 4, 2019.

### 3. Reallocation - Grant(s) Eliminated Details

**Instructions:**

For guidance on completing this form, please reference the FY 2019 CoC Priority Listing Detailed Instructions and FY 2019 CoC Priority Listing Navigational Guide on the HUD Exchange at <https://www.hudexchange.info/programs/e-snaps/>.  
Submit technical question to the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/program-support/my-question/>.

**\* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2019 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2019 Grant Inventory Worksheet to ensure all information entered on this form is accurate.**

**Eliminated Project Name:** Eastpointe Shelter Plus Care Beacon - Renewal 2018

**Grant Number of Eliminated Project:** NC0241L4F031803

**Eliminated Project Component Type:** PH-PSH

**Eliminated Project Annual Renewal Amount:** \$54,411

**3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)**

This project was reviewed and scored by the CoC's Project Review Committee, using a scorecard created by the CoC's Scorecard Committee. The scorecard includes a question about spending rates for the most recently completed grant year. This project only spent 38% of its allocated funds in the most recent year. The project has a history of underspending, and at 7 months in the current operating year, the grantee was projected to spend only 38% of funds. The Project Review Committee recommended to fully reallocate this grant because of its history of underspending and put these funds towards new, needed projects in the CoC. The Project Review Committee's recommendation was approved by the CoC Steering Committee at its public meeting on September 4, 2019. The project applicant was notified on September 4, 2019.

## 4. Reallocation - Grant(s) Reduced

**CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2019 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.**

Amount Available for New Project (Sum of All Reduced Projects)					
\$53,051					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Eastpointe Shelte...	NC0238L4F031803	\$260,835	\$207,784	\$53,051	Regular

## 4. Reallocation - Grant(s) Reduced Details

### Instructions:

For guidance on completing this form, please reference the FY 2019 CoC Priority Listing Detailed Instructions and FY 2019 CoC Priority Listing Navigational Guide on the HUD Exchange at <https://www.hudexchange.info/programs/e-snaps/>.  
Submit technical question to the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/program-support/my-question/>.

**4-1. Complete the fields below for each eligible renewal grant that is being reduced during the FY 2019 reallocation process. Collaborative Applicants should refer to the FY 2019 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Eastpointe Shelter Plus Care 3 - Renewal 2018  
**Grant Number of Reduced Project:** NC0238L4F031803  
**Reduced Project Current Annual Renewal Amount:** \$260,835  
**Amount Retained for Project:** \$207,784  
**Amount available for New Project(s):** \$53,051  
**(This amount will auto-calculate by selecting "Save" button)**

**4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)**

The project was reviewed and scored by the CoC's Project Review Committee, using a scorecard created by the CoC's Scorecard Committee. The scorecard includes a question about spending rates for the most recently completed grant year. This project only spent 56% of its allocated funding in the most recent year. The project has a history of underspending, and at 7 months in the current operating year, the grantee was projected to spend only 56% of funds. The Project Review Committee recommended to reallocate 20% of this grant's budget to avoid further underspent funds in the CoC. The Project Review Committee's recommendation was approved by the CoC Steering Committee at its public meeting on September 4, 2019. The project applicant was notified on September 4, 2019.



## Continuum of Care (CoC) New Project Listing

**Instructions:**

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide, both of which are available at: <https://www.hudexchange.info/resource/2916/project-priority-listing-coc-consolidated-application/>

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
NC DHHS Rapid Reh...	2019-09-11 14:52:...	PH	NC Department of ...	\$763,919	1 Year	33	Both	RRH	
Improving Coordin...	2019-09-10 09:25:...	SSO	North Carolina Co...	\$239,035	1 Year	D36	DV Bonus		
Increasing Rapid ...	2019-09-10 09:25:...	PH	North Carolina Co...	\$924,283	1 Year	D35	DV Bonus	RRH	
Trillium RRH	2019-09-19 12:52:...	PH	Trillium Health R...	\$200,087	1 Year	32	Reallocati on	RRH	

## Continuum of Care (CoC) Renewal Project Listing

**Instructions:**

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

**The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.**

**The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.**

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
COC Rapid Rehousing ..	2019-09-10 10:45:...	1 Year	Union County Comm...	\$173,520	24	RRH	PH		
Trillium PSH #3	2019-09-10 12:20:...	1 Year	Trillium Health R...	\$90,228	3	PSH	PH		
2019 SSO CE Renew...	2019-09-10 10:23:...	1 Year	North Carolina Co...	\$423,767	2		SSO		

Trillium PSH #2	2019-09-10 12:19:...	1 Year	Trillium Health R...	\$117,036	11	PSH	PH		
Trillium PSH #1	2019-09-10 12:19:...	1 Year	Trillium Health R...	\$813,036	10	PSH	PH		
Pathways to Perma...	2019-09-10 11:17:...	1 Year	Sixth Avenue Psc...	\$181,855	6	PSH	PH	Individual	
Pathways to Perma...	2019-09-10 11:17:...	1 Year	Sixth Avenue Psc...	\$59,838	8	PSH	PH	Individual	
PittRRH2019	2019-09-10 14:08:...	1 Year	Pitt County	\$112,526	25	RRH	PH		
2019 HMIS Renewal...	2019-09-10 10:20:...	1 Year	North Carolina Co...	\$519,299	1		HMIS		
SHAHC PH Renewal ...	2019-09-11 12:35:...	1 Year	Surry Homeless an...	\$115,823	34	PSH	PH		
2019 CoC Renewal ...	2019-09-10 14:23:...	1 Year	The New Reidsvill. ..	\$266,435	14	PSH	PH		
RCHH Permanent Su...	2019-09-11 11:06:...	1 Year	Rockingham County...	\$249,740	7	PSH	PH		
RCHH Rapid Re-Ho...	2019-09-11 11:06:...	1 Year	Rockingham County...	\$200,882	18	RRH	PH		
Vaya Health PSH C...	2019-09-10 09:46:...	1 Year	Vaya Health	\$421,840	5	PSH	PH		
Pathways to Perma...	2019-09-10 11:17:...	1 Year	Sixth Avenue Psc...	\$241,693	C6	PSH	PH	Fully Consolidated	
Vaya Health PSH W...	2019-09-10 09:39:...	1 Year	Vaya Health	\$396,038	4	PSH	PH		
Vaya Health PSH C...	2019-09-10 09:51:...	1 Year	Vaya Health	\$50,962	12	PSH	PH		
STEPS RRH FY 2019	2019-09-12 11:59:...	1 Year	Burlington Develo...	\$55,960	27	RRH	PH		
Seeds of Change R...	2019-09-13 15:38:...	1 Year	Housing Authority ...	\$293,952	9	PSH	PH		
Solid Ground Rene...	2019-09-13 15:36:...	1 Year	Housing Authority ...	\$64,716	15	PSH	PH		

Eastpointe Shelter...	2019-09-13 14:51:...	1 Year	Eastpointe Human ...	\$75,307	31	PSH	PH		
Eastpointe Shelter...	2019-09-13 14:50:...	1 Year	Eastpointe Human ...	\$207,784	29	PSH	PH		
Community Link 5 ...	2019-09-13 16:59:...	1 Year	Community Link, P...	\$823,401	13	PSH	PH	Individual	
Community Link PC...	2019-09-13 17:03:...	1 Year	Community Link, P...	\$128,313	19	PSH	PH	Individual	
Community Link PR...	2019-09-13 17:19:...	1 Year	Community Link, P...	\$256,553	16	PSH	PH	Individual	
Community Link PR...	2019-09-13 17:19:...	1 Year	Community Link, P...	\$331,813	28	RRH	PH		
Community Link AC...	2019-09-13 17:00:...	1 Year	Community Link, P...	\$284,533	22	PSH	PH	Individual	
Community Link No...	2019-09-13 17:02:...	1 Year	Community Link, P...	\$1,236,247	C13	PSH	PH	Fully Consolidated	
Project Stable So...	2019-09-13 15:37:...	1 Year	Housing Authority ...	\$59,499	21	PSH	PH		
Project Hope Rene...	2019-09-13 15:39:...	1 Year	Housing Authority ...	\$428,036	17	PSH	PH		
Community Link Pi...	2019-09-13 17:04:...	1 Year	Community Link, P...	\$572,363	23	PSH	PH	Individual	
Eastpointe Shelter...	2019-09-13 14:48:...	1 Year	Eastpointe Human ...	\$179,915	30	PSH	PH		
Community Link Pi...	2019-09-13 17:11:...	1 Year	Community Link, P...	\$184,577	20	PSH	PH	Individual	
Community Link Pi...	2019-09-13 17:14:...	1 Year	Community Link, P...	\$1,013,493	C23	PSH	PH	Fully Consolidated	
Partners Consolid..	2019-09-17 09:51:...	1 Year	Partners Behavior ...	\$246,227	26	PSH	PH		

# Continuum of Care (CoC) Planning Project Listing

## Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
2019 Balance of S...	2019-09-19 10:46:...	1 Year	North Carolina Co...	\$349,452	CoC Planning Proj...

# Continuum of Care (CoC) YHDP Renewal Project Listing

## Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide, both of which are available at: <https://www.hudexchange.info/resource/2916/project-priority-listing-coc-consolidated-application/>

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Rank	PSH/RRH	Consolidation Type
This list contains no items								

## Funding Summary

### Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$8,385,774
Consolidated Amount	\$2,491,433
New Amount	\$2,127,324
CoC Planning Amount	\$349,452
YHDP Renewal	\$0
Rejected Amount	\$0
<b>TOTAL CoC REQUEST</b>	<b>\$10,862,550</b>

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	09/24/2019
FY 2017 Rank (from Project Listing)	No		
Other	No		
Other	No		



## **Attachment Details**

**Document Description:** Certification of Consistency with the Consolidated Plan

## **Attachment Details**

**Document Description:**

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**Document Description:**

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**Document Description:**

## Submission Summary

**WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.**

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Page	Last Updated
<b>Before Starting</b>	No Input Required
<b>1A. Identification</b>	09/24/2019
<b>2. Reallocation</b>	09/24/2019
<b>3. Grant(s) Eliminated</b>	09/24/2019
<b>4. Grant(s) Reduced</b>	09/24/2019
<b>5A. CoC New Project Listing</b>	09/24/2019
<b>5B. CoC Renewal Project Listing</b>	09/24/2019
<b>5D. CoC Planning Project Listing</b>	09/24/2019
<b>5E. YHDP Renewal Project Listing</b>	No Input Required
<b>Funding Summary</b>	No Input Required

<b>Attachments</b>	09/24/2019
<b>Submission Summary</b>	No Input Required

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: See attached list of applicants

Project Name: See attached list of project names

Location of the Project: See attached lists of project locations

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care (Homeless Assistance)

Name of Certifying Jurisdiction: State of North Carolina

Certifying Official of the Jurisdiction Name: Iris Payne

Title: CDBG Director

Signature: 

Date: 9/25/19

**NC Balance of State CoC Project List for CoC Competition 2019**

<b>Agency</b>	<b>Project</b>	<b>Address</b>	<b>Project Type</b>	<b>Amount Requested</b>
Burlington Development Corporation	STEPS RRH Renewal Application FY 2019	133 N. Ireland St. Burlington, NC 7216-2380	RRH	\$55,960.00
Community Link, Programs of Travelers Aid	5 County PSH 0221-2019	601 E. 5th St., Suite 220 Charlotte, NC 28202	PSH	\$823,401.00
Community Link, Programs of Travelers Aid	Community Link Northern PSH Combo 2019	601 E. 5th St., Suite 220 Charlotte, NC 28202	PSH-C	
Community Link, Programs of Travelers Aid	Community Link PRC PSH 0236-2019	601 E. 5th St., Suite 220 Charlotte, NC 28202	PSH	\$256,553.00
Community Link, Programs of Travelers Aid	Community Link PC PSH 0148-2019	601 E. 5th St., Suite 220 Charlotte, NC 28202	PSH	\$128,313.00
Community Link, Programs of Travelers Aid	Piedmont 2 PSH 0235-2019	601 E. 5th St., Suite 220 Charlotte, NC 28202	PSH	\$184,577.00
Community Link, Programs of Travelers Aid	AC PSH 0031-2019	601 E. 5th St., Suite 220 Charlotte, NC 28202	PSH	\$284,533.00
Community Link, Programs of Travelers Aid	Piedmont 1 PSH 0045-2019	601 E. 5th St., Suite 220 Charlotte, NC 28202	PSH	\$572,363.00
Community Link, Programs of Travelers Aid	Community Link Piedmont PSH Combo 2019	601 E. 5th St., Suite 220 Charlotte, NC 28202	PSH-C	
Community Link, Programs of Travelers Aid	Community Link PRC RRH 0125-2019	601 E. 5th St., Suite 220 Charlotte, NC 28202	RRH	\$331,813.00
Eastpointe Human Services	Eastpointe Shelter Plus Care 3 - Renewal 2019	100 South James St., Box B Goldsboro, NC 27530	PSH	\$207,784.00
Eastpointe Human Services	Eastpointe Shelter Plus Care - Combined - Renewal 2019 (a)	100 South James St., Box B Goldsboro, NC 27530	PSH	\$70,994.00
Eastpointe Human Services	Eastpointe Shelter Plus Care - Combined - Renewal 2019 (b)	100 South James St., Box B Goldsboro, NC 27530	PSH	\$108,921.00
Eastpointe Human Services	Eastpointe Shelter Plus Care Southeast-Renewal 2019	100 South James St., Box B Goldsboro, NC 27530	PSH	\$75,307.00

**NC Balance of State CoC Project List for CoC Competition 2019**

Housing Authority of City of Greenville	Seeds of Change Renewal 2019	1103 Broad St. Greenville, NC 27834	PSH	\$293,952.00
Housing Authority of City of Greenville	Solid Ground Renewal 2019	1103 Broad St. Greenville, NC 27834	PSH	\$64,716.00
Housing Authority of City of Greenville	Project Hope Renewal 2019	1103 Broad St. Greenville, NC 27834	PSH	\$428,036.00
Housing Authority of City of Greenville	Project Stable Solutions 2019	1103 Broad St. Greenville, NC 27834	PSH	\$59,499.00
NC DHHS	CoC Application - NEW	200 Mail Service Center Raleigh, NC 27699	RRH	\$763,919.00
NCCADV	IPV Survivor Housing Solutions - RRH - NEW	3710 University Drive, Suite 140, Durham, NC 27707	RRH	\$924,283.00
NCCADV	IPV Survivor Housing Solutions - SSO-CE - NEW	3710 University Drive, Suite 140, Durham, NC 27707	SSO-CE	\$239,035.00
NCCEH	HMIS Renewal	PO Box 27692 Raleigh, NC 27611	HMIS	\$519,299.00
NCCEH	SSO Renewal	PO Box 27692 Raleigh, NC 27611	SSO	\$423,767.00
Partners Behavioral Health Management	Partners Consolidated Renewal 2019	1985 Tate Blvd., Suite 529 Hickory, NC 28602	PSH	\$246,227.00
Pitt County Planning	PittRRH2019	1717 W. Fifth St. Greenville, NC 27834	RRH	\$112,526.00
Rockingham County Help for Homeless, Inc.	RCHH Permanent Supportive Housing Renewal Grant 2019	108 N. Franklin St. Madison, NC 27025	PSH	\$249,740.00
Rockingham County Help for Homeless, Inc.	RCHH Rapid Re-Housing Renewal Grant 2019	108 N. Franklin St. Madison, NC 27025	RRH	\$200,882.00
Surry Homeless and Affordable Housing Coalition	SHAHC PH Renewal 2019	501-B S. South St. Mt. Airy, NC 27030	PSH	\$115,823.00
The New Reidsville Housing Authority	2018 Reidsville HA Renewal for 2019-2020	924 Third Ave. Reidsville, NC 27320	PSH	\$266,435.00
Sixth avenue Psychiatric Rehabilitation Partners, Inc, dbaThrive	Pathways to Permanent Housing Henderson County	110-C Chadwick Square Court Hendersonville, NC 28739	PSH	\$181,855.00

**NC Balance of State CoC Project List for CoC Competition 2019**

Sixth avenue Psychiatric Rehabilitation Partners, Inc, dbaThrive	Pathways to Permanent Housing Henderson County Consolidated 2019	110-C Chadwick Square Court Hendersonville, NC 28739	PSH-C	
Sixth avenue Psychiatric Rehabilitation Partners, Inc, dbaThrive	Pathways to Permanent Housing Henderson County 3	110-C Chadwick Square Court Hendersonville, NC 28739	PSH	\$59,838.00
Trillium	Trillium RRH Program - NEW	1708 E. Arlington Blvd. Greenville, NC 27858-5872	RRH	\$200,087.00
Trillium Health Resources	Trillium PSH #3	1708 E. Arlington Blvd. Greenville, NC 27858-5872	PSH	\$90,228.00
Trillium Health Resources	Trillium PSH #1	1708 E. Arlington Blvd. Greenville, NC 27858-5872	PSH	\$813,036.00
Trillium Health Resources	Trillium PSH #2	1708 E. Arlington Blvd. Greenville, NC 27858-5872	PSH	\$117,036.00
Union County Community Shelter	CoC RRH UCCS Renewal	160 Meadow St. Monroe, NC 28112	RRH	\$173,520.00
Vaya Health	Vaya Health PSH Western Combo	825 Wilkesboro Blvd. SE Lenoir, NC 28645	PSH	\$396,038.00
Vaya Health	Vaya Health PSH Central Combo	825 Wilkesboro Blvd. SE Lenoir, NC 28645	PSH	\$421,840.00
Vaya Health	Vaya Health PSH Central Chronic	825 Wilkesboro Blvd. SE Lenoir, NC 28645	PSH	\$50,962.00
*C= consolidation				

# Determination of Certification Non-PHA

**General Information**

Organization Name: North Carolina Coalition to End Homelessness (CoC Collaborative Applicant and Project Applicant)

Mailing Address: PO Box 27692, Raleigh, NC 27611

Executive Director/CEO Name and Phone #: Denise Neunaber 919-755-4393

Email Address of Executive Director: denise@ncceh.org

Fiscal Year Beginning ( MM/YYYY ) : 01/2019

Type of Plan for Review: Other Special Project ( Enter Name) HUD Continuum of Care Homeless Assistance Program

Annual Plan Only     Five Year and Annual Plan     5 Year Plan Only     ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
N/A	CDBG			
X	Emergency Shelter Grant	NC Department of Health and Human Services	\$264,200	1/1/19 – 12/31/19
N/A	HOME Funds			
N/A	IDA Funds			
N/A	HOPWA			
N/A	Tax Credit Financing			
N/A	Down Payment Assistance			

Is your agency a non-profit agency  YES     NO

- a) Year Started :                    2000
- b) Board Chair                      Jamie Rohe

If not please describe type of agency: n/a



- c) **Briefly Describe the mission of the agency and funding sources used to support agency.** The mission of the North Carolina Coalition to End Homelessness (NCCEH) is to end homelessness by creating alliances, encouraging public dialogue, securing resources and advocating for systemic change. NCCEH works with communities to address root causes of homelessness by developing and implementing data-driven strategies that are focused on permanent housing and appropriate services. NCCEH's funding support comes from contracts with the NC DHHS, the Z. Smith Reynolds Foundation, the Robert Wood Johnson Foundation, HUD CoC funding, memberships, donations, and training registration fees.

### **Affordable Housing**

- 1) **What is your agency currently doing to promote affordable housing?**

NCCEH coordinates the NC Balance of State Continuum of Care, which currently has 34 HUD grants to provide permanent supportive housing and rapid re-housing services to homeless individuals and families. NCCEH also supports the NC Housing Finance Agency and the NC Housing Coalition on programs to provide housing to homeless populations and promotes expanding affordable, permanent housing in all 12 Continuums of Care throughout North Carolina.

- 2) **What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

NCCEH is submitting an application to HUD on behalf of the NC Balance of State Continuum of Care. The application is for Continuum of Care funding that will provide rapid re-housing, permanent supportive housing, and supportive services to homeless people across the 79-county region, including families with children, people with disabilities, and chronically homeless people. NCCEH is also submitting project applications for CoC planning funds to increase capacity to effectively oversee the NC Balance of State CoC, for services funds to provide technical assistance for communities implementing their HUD-required coordinated assessment systems, and for HMIS funds to implement the HUD-required Homeless Management Information System across the CoC.

### **FAIR HOUSING**

- 1) **How does your agency promote fair housing and ensure fair housing law is implemented?**

NCCEH advocates for fair housing principles in all areas of its work. NC Balance of State CoC grantees are required to affirmatively further fair housing through outreach to eligible program participants. NCCEH follows up on any fair housing complaint brought to its attention within the NC Balance of State CoC jurisdiction by contacting the claimant and referring him/her to the appropriate agency, including HUD and Legal Aid of North Carolina. In addition, NCCEH has worked closely with state partners on the Department of Justice Olmstead settlement to move people with disabilities from institutional settings to integrated community housing.

2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

No fair housing complaints have been issued against NCCEH.

3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

No complaints about the agency have been submitted to the Fair Housing Commission or to HUD.

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
N/A	Infrastructure			
N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	Catalyst			
N/A	NSP 1 Funding			
N/A	NSP 3 Funding			
N/A	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

n/a

### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

n/a

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
X	Homeless Prevention	\$264,200	2019	Non-profit
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

ESG funding allows NCCEH to assist organizations statewide in gathering client-level data, as well as data on housing and services provided to those experiencing (or at risk of experiencing) homelessness. NCCEH utilizes aggregate data to better understand patterns and trends around homelessness, such as how the homeless access services, and how communities are working to reduce homelessness.

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

n/a

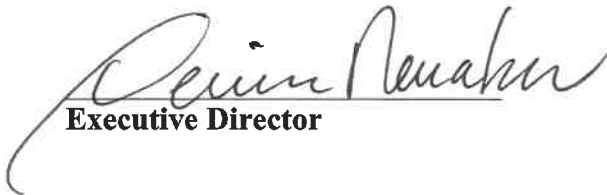
Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
NC Department of Health and Human Services	Grant under Competitive Grant Program for Non-Profit Organizations (\$147,838)	Joseph Breen

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Denise Neunaber (Executive Director) certify that information reported in this form is accurate and true for the North Carolina Coalition to End Homelessness (agency name) on 7/25/2019 (mm/dd/yyyy)

  
Executive Director

7/25/19  
Date

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
Attn: Angela Williams, Compliance Specialist  
301 North Wilmington Street  
4346 Mail Service Center  
Raleigh, NC 27699-4346  
(919) 814-4679

## Determination of Certification Non-PHA

### General Information

Organization Name: Burlington Development Corporation

Mailing Address: PO Box 2380 Burlington, NC 27216-2380

Executive Director/CEO Name and Phone # Veronica Revels (336)226-8421 ext. 203

Email Address of Executive Director : vrevels@burlingtonha.org

Fiscal Year Beginning ( MM/YYYY ) : 10/1/2019

Type of Plan for Review: Other Special Project ( Enter Name) HUD Continuum of Care

### Homeless Assistance Program

Annual Plan Only      Five Year and Annual Plan      5 Year Plan Only      ROSS

GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
✓	CDBG	City of Burlington	15040	2018
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency   X   YES        NO

a) Year Started :                      1982

b) Board Chair                      Dorothy Yarborough

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
 BDC's mission is to provide educational and self-sufficiency opportunities to residents of Burlington Housing Authority and the community when appropriate. Funding comes from various grant sources and donations to implement ROSS and scholarship, pre-school and after school programs.

**Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Our agency partners with local homeownership programs (Habitat for Humanity and Alamance County Community Services Agency) that build affordable housing options for low-income individuals and families. Informational workshops are offered to clients and agency staff often serves on advisory boards/committees for the partner agencies.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Continuum of Care Competition for Supportive Housing programs.

**FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

This agency adheres to all Fair Housing laws and regulations and advocates for all clients to ensure received the most appropriate housing option. When possible, our agency attends fair housing workshops when offered to remain educated and to better practice Fair Housing rules and regulations.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received. n/a**

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3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?       n/a      

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
n/a ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other ( <i>please describe</i> )			

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

      n/a      

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**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
n/a ↓	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

n/a\_\_

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### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
n/a	Homeless Prevention			
↓	Operations			
↓	Supportive Services			
✓	WAP			
	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

n/a

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**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A ↓	Rental Assistance			
	Short Term Supportive Housing			
	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

n/a

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Veronica Revels, (Executive Director) certify that information reported in this form is accurate and true for Burlington Development Corporation (agency name) on 07/23/2019 (mm/dd/yyyy)

Veronica Revels                      7-24-19  
**Executive Director**                      **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

**Applicant Name:** Burlington Development Corporation

**Project Name:** STEPS RRH

**Location of the Project:** Burlington, NC

**Name of the Federal  
Program to which the  
applicant is applying:** 2019 Continuum of Care Competition

**Name of  
Certifying Jurisdiction:** City of Burlington

**Certifying Official  
of the Jurisdiction  
Name:** Hardin Watkins

**Title:** Burlington City Manager

**Signature:** Hardin Watkins

**Date:** 8-12-19

## Determination of Certification Non-PHA

### General Information

Organization Name: Community Link

Mailing Address: 601 E 5th Street, Suite 220, Charlotte NC 28202

Executive Director/CEO Name and Phone # Floyd R. Davis, Jr. 704-943-9491

Email Address of Executive Director : fdavis@communitylinknc.org

Fiscal Year Beginning ( MM/YYYY ) : 07/2019

Type of Plan for Review: Other Special Project ( Enter Name ) HUD Continuum of Care

NA Annual Plan Only NA Five Year and Annual Plan NA 5 Year Plan Only NA ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

<input checked="" type="checkbox"/>	<b>Funding Source</b>	<b>Agency</b>	<b>Dollar Amount</b>	<b>Fiscal Year</b>
<input checked="" type="checkbox"/>	CDBG	City of Charlotte	\$95,500	2019
<input checked="" type="checkbox"/>	Emergency Shelter Grant	City of Charlotte	\$45,000	2019
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency  YES  NO

a) Year Started : 1929

b) Board Chair Margaret Cleveland

If not please describe type of agency: \_\_\_\_\_

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

Community Link's mission is to enable individuals and families to obtain and sustain safe, decent affordable housing. Over the years, we have acquired several federal grants that are contributing to a large portion of our agency's budget, such as Department of Housing and Urban Development, NC Housing Finance Agency, City of Charlotte.

Community Link has multiple private foundations, faith-based supporters and donors that contribute to our agency's mission.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Currently our agency is working to promote affordable housing by participating in specific activities in the Community.

1. Providing staff training to advocate for decreased rents through one on one coaching and supervision.

2. Educating program participants on the home buying process and lending practices through our

Asset Building: Homeownership Education and Counseling program.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

We are responding to the 2019 HUD Continuum of Care Notice of Funding Availability to renew 9 Homeless Assistance grants.

Specifically Community Link is renewing 7 Permanent Supportive Housing grants and 2 Rapid Rehousing grants.

These grants provide services in Mecklenburg, Cabarrus, Davidson, Stanly, Union, Rowan, Person, Chatham, Caswell, Orange, Alamance, Granville, Franklin, Vance, Warren and Halifax counties.

*Link*

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Community is committed to Fair Housing laws and practices. Our staff participate in several Fair Housing trainings a year. Members of our staff have attended a Fair Housing Lunch & Learn sponsored by the City of Kannapolis and Cabarrus Cooperative Christian Ministry in April 2019. Members of our staff also attended the 2019 Fair Housing Conference sponsored by the City of Charlotte Community Relations Department in April 2019. Both trainings provided an explanation of Fair Housing Laws and informed attendees of the process to file a Fair Housing complaint.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

Community Link has not received any fair housing complaints.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

Community Link has not received any complaints from the NC Fair Housing Commission.

We have received several complaints about the Permanent Supportive Housing projects that were transferred to Community Link from Cardinal Innovations. These complaints to our HUD Rep are in reference to the recent changes in oversight and management of the projects. The Chief Program Officer gets involved and works closely with the staff and the customer to resolve all concerns expeditiously.

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
NA	Scattered Site			
NA	Infrastructure			
NA	Urgent Needs			
NA	IDA Funds			
NA	Capacity Building			
NA	Economic Development			
NA	Housing Development			
NA	Catalyst			
NA	NSP 1 Funding			
NA	NSP 3 Funding			
NA	Other ( <i>please describe</i> )			

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

Not Applicable

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**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
NA	Urgent Repair			
NA	Single Family Rehab			
NA	Housing 400 Initiative			
NA	Tax Credits			
NA	Down Payment Assistance			
NA	IDA Loan Pool			
NA	New Homes Loan Pool			
NA	Duke Home Energy Loan Pool			
NA	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

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The type of funding Community Link receives, not listed above, is to provide Foreclosure Prevention to homeowners who are facing foreclosure.

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**Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>Agency or Non-Profit</b>
✓	Homeless Prevention	\$60,000	2019	City of Charlotte
	Operations			
	Supportive Services			
	WAP			
	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

Community Link receives Emergency Solutions Grant funds from the City of Charlotte to provide Homeless Prevention services in Mecklenburg County. This project specifically provides short-term rental assistance and utility assistance for families at risk of becoming homeless. Community Link is not an Emergency Solutions Grants grantee in the Piedmont Region of the Balance of State Continuum of Care.

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Community Link has multiple private foundations, faith-based supporters and donors that contribute

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**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
n/a	Rental Assistance			
n/a	Short Term Supportive Housing			
n/a	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

Not Applicable

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
Reinvest Partners	Volunteer Income Tax Assistance \$15,000	Cara Williams
Home Free	Homeownership Education \$60,000	Etta Migett
NC DOT	Travelers Aid \$19,500	Myra Freeman
NCHFA	Foreclosure Prevention \$22,000	Mary Holder

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Floyd R. Davis, Jr. (Executive Director) certify that information reported in this form is accurate and true for Community Link (agency name) on 08/12/2019 (mm/dd/yyyy)

 08/12/2019  
**Executive Director** **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- AC PSH 0031- 2019

Location of the Project: Alamance

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care Homeless Assistance Program

Name of  
Certifying Jurisdiction: Burlington

Certifying Official  
of the Jurisdiction  
Name: Hardin Watkins

Title: City Manager

Signature: Hardin Watkins

Date: 8-14-19

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link PRC RRH 0125-2019

Location of the Project: Union County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance

Name of Certifying Jurisdiction: Union County

Certifying Official of the Jurisdiction Name: Michelle Lancaster

Title: Deputy County Manager

Signature: Michelle Lancaster

Date: 7/29/19

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- PRC Rapid Rehousing 0125- 2019

Location of the Project: Cabarrus County  
Rowan County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: Concord/ Kannapolis/ Salisbury

Certifying Official of the Jurisdiction Name: Lloyd Wm. Payne, Jr.

Title: City Manager

Signature: [Handwritten Signature]

Date: 7/30/2019

# Determination of Certification Non-PHA

**General Information**

Organization Name: Eastpointe

Mailing Address: 500 Nash Medical Arts Mall, Rocky Mt., NC 27804

Executive Director/CEO Name and Phone #: Sarah N. Stroud, 910-298-7144

Email Address of Executive Director: sstroud@eastpointe.net

Fiscal Year Beginning (MM/YYYY): 7/1/2019

Type of Plan for Review: Other Special Project (Enter Name): HUD Continuum of Care Homeless Assistance Program

n/a Annual Plan Only    n/a Five Year and Annual Plan    n/a 5 Year Plan Only  
n/a ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
N/A	CDBG			
N/A	Emergency Shelter Grant			
N/A	HOME Funds			
N/A	IDA Funds			
N/A	HOPWA			
N/A	Tax Credit Financing			
N/A	Down Payment Assistance			

Is your agency a non-profit agency \_\_\_\_\_ YES  X  NO

a) Year Started : \_\_\_\_\_

b) Board Chair \_\_\_\_\_

If not please describe type of agency: Local Government Agency



- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
Eastpointe works together with individuals, families, providers, and communities to achieve valued outcomes in our behavioral healthcare system. Eastpointe receives local funds from counties in our catchment area, state funds, federal non-Medicaid funds, and Medicaid funds.
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### **Affordable Housing**

- 1) **What is your agency currently doing to promote affordable housing?**

Eastpointe operates a Shelter Plus Care Housing Program. Shelter Plus Care is a Permanent Supportive Housing program funded by the U.S. Department of Housing and Urban Development (HUD). The program is designed to provide rental subsidies and supportive services to chronic homeless and homeless individuals with disabilities, primarily those with chronic mental illness, substance abuse, and HIV/AIDS.

In keeping with Shelter Plus Care's intent to reduce homelessness, program participants are encouraged to work towards greater stability and self-sufficiency by developing short and long-term goals with their service provider. Service providers assist individuals with various housing related needs including housing search as well as communication with their landlord. Participants are supported in pursuing treatment in Community Support Team (CST), Substance Abuse Intensive Outpatient Program (SAIOP), Supportive Employment, Medication Management, Outpatient Therapy, and Educational Opportunities, if they choose.

- 2) **What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

The agency is applying for HUD's Continuum of Care (CoC) Program which is designed to promote a community-wide commitment to the goal of ending homelessness while also assisting mentally disabled individuals with securing decent, sanitary, and affordable housing.

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### **FAIR HOUSING**

- 1) **How does your agency promote fair housing and ensure fair housing law is implemented?**

In efforts to promote fair housing and ensure fair housing laws are implemented, the agency provides equal opportunity to all individuals seeking housing and offers standardize resources.

Additionally, the agency offers basic and advanced Fair Housing training to its staff, all Eastpointe credentialed providers, housing providers, landlords, and the general public.

2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

None

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3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

N/A

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**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well. N/A

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
N/A	Infrastructure			
N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	Catalyst			
N/A	NSP 1 Funding			

N/A	NSP 3 Funding			
N/A	Other ( <i>please describe</i> )			

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan. N/A**

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**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving. N/A

✓	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>Agency or Non-Profit</b>
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and			

	Rapid Re-Housing			
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**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan. N/A**

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**Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving. N/A

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Homeless Prevention/Rapid Re-Housing			
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan. N/A**

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### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving. N/A

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan. N/A**

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
NC Division of Health Benefits	\$248,345,296	Catherine Dalton, CBO
NC Division of Mental Health, Developmental Disabilities, & Substance Abuse Services.	\$38,195,329	Catherine Dalton, CBO
Note: Amounts provided are based on Eastpointe's FY 19 budget as amended June 23, 2019.		

**Certification**

I **Sarah N. Stroud** (Executive Director) certify that information reported in this form is accurate and true for **Eastpointe** on August 6 2019.

Sarah N. Stroud      8/6/19  
**Executive Director**      **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Eastpointe

Project Name: Eastpointe Shelter Plus Care Renewal - 2019

Location of the Project: 500 Nash Medical Arts Mall  
Rocky Mt, NC 27084

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care Program

Name of  
Certifying Jurisdiction: Rocky Mount/Edgecombe County

Certifying Official  
of the Jurisdiction  
Name: Corelia McGee

Title: Community Development Manger

Signature: Corelia McGee

Date: 1/26/19

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: EastpointeProject Name: Eastpointe Shelter Plus Care Renewal - 2019Location of the Project: 500 Nash Medical Arts Mall  
Rocky Mt, NC 27084Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care ProgramName of  
Certifying Jurisdiction: City of GolsboroCertifying Official  
of the Jurisdiction  
Name: Chuck AllenTitle: Mayor of GoldsboroSignature: Date: August 1, 2019



# Determination of Certification Public Housing Authorities

**General Information**

PHA Name: Housing Authority of the City of Greenville PHA Code: NC022

Executive Director Name and Phone # Wayman A. Williams, 252-329-4004

Email Address of Executive Director: williamsa@ghanc.net

PHA Fiscal Year Beginning (MM/YYYY): 10/2019

PHA Type:  Small  High Performing  Standard  HCV Section 8

Inventory: # of PH Units 714 Number of HVC Units 746

Type of Plan for Review: HUD Continuum of Care Homeless Assistance Program

n/a Annual Plan Only  n/a Five Year and Annual Plan  n/a 5 Year Plan Only

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
XX	HOPWA	NC DHHS	\$154,446.00	2019
	Tax Credit Financing			
	Down Payment Assistance			

1) Does your agency have an affiliate non-profit organization:  Yes  No (If yes answer a-c)

a) Name of Affiliate Non-Profit Greenville Housing Development Corporation

b) Year Started : 1981

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
The goal of the GHDC is to assist homeowners, homebuyers and renters to acquire and retain a home of their own. The GHDC provides counseling, information, assistance and education to buyers, owners and renters in the Pitt and surrounding areas.

### SEMAP

- 1) **What is your agency current SEMAP score?** 100  
*(Please attach documentation of that SEMAP score)*
- 2) **What is your current wait list for HCV vouchers?** 1349
- 3) **How is priority determined of those that receive HCV vouchers?**

#### **Working Preference:**

If the Head or Spouse is employed, attending school, or participating in a job training program, at least 20 hours per week, OR is in a combination of these at least 20 hours per week; OR is 62 or older; OR meets HUD's definition of being disabled; OR is the only adult in the household working less than 20 hours per week and who is the primary caretaker of a disabled dependent.

#### **Residency Preference:**

The Head or Spouse lives or works in Greenville North Carolina.

### CAPITAL FUNDS

- 1) **Total amount of Capital Funds received annually?** \$1,727,232.00
- 2) **What amount of capital funds is used to address substandard housing?** 80% of CF is used for capital improvements
- 3) **What type of activities are taking place from the capital fund program to address substandard public housing?**  
The HACG do not have any substandard public housing units.

**4) What is the amount of funding from capital funds used to promote non-housing needs for low to moderate income persons, please explain? (Use current fiscal year numbers)**

\$172,723.00 Management Improvements

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**5) What amount of capital funds are used to specifically address homeless? Please provide amount and specifically address activities. If none, write N/A.**

N/A

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**6) What amount of capital funds are used to specifically address persons who qualify for HOPWA funds? Please provide amount and specifically address activities. If none, write N/A.**

N/A

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**7) What amount of capital funds are used to specifically address elderly persons? Please provide amount and specifically address activities. If none, write N/A.**

N/A

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**FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**  
Federal laws require the HACG to treat all applicants and participants equally, providing the same opportunity to access services, regardless of family characteristics and background. Federal law prohibits discrimination in housing on the basis of race, color religion, sex, national origin, age, familial status and disability. In addition, HUD regulations provide for additional protection regarding sexual orientation, gender identity, and marital status. The HACG will comply fully with all federal, state, and local nondiscrimination laws, and with rules and regulations governing fair housing and equal opportunity in housing and employment.

**2) In the past fiscal year, how many fair housing complaints have been issued to the PHA? Describe the type of fair housing complaint received.**

None

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**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None

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**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site	N/A		
	Infrastructure	N/A		
	Urgent Needs	N/A		
	IDA Funds	N/A		
	Capacity Building	N/A		
	Economic Development	N/A		
	Housing Development	N/A		
	Catalyst	N/A		
	NSP 1 Funding	N/A		
	NSP 3 Funding	N/A		
	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

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### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Urgent Repair	N/A		
	Single Family Rehab	N/A		
	Housing 400 Initiative	N/A		
	Tax Credits	N/A		
	Down Payment Assistance	N/A		
	IDA Loan Pool	N/A		
xx	New Homes Loan Pool	\$26,000.00	2019	Non-Profit
	Duke Home Energy Loan Pool	N/A		
	Homeless Prevention and Rapid Re-Housing	N/A		

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

To provide affordable housing options to those with special needs

To reduce the waiting lists for affordable housing by half in 10 years

To provide homeless prevention services to households who are at risk of becoming homeless

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Homeless Prevention/Rapid Re-Housing	N/A		
	Operations	N/A		
	Supportive Services	N/A		
	WAP	N/A		
	CSBG	N/A		

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

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**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
xxx	Rental Assistance	\$1131972.00	2019	PHA
xxx	Short Term Supportive Housing	\$72,864.00	2019	PHA
	Community Residence	N/A		

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

To expand availability of and access to decent, affordable rental housing

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>


**Required attachments**

Please attach the following

1. 1 hardcopy of the plan to be reviewed (n/a – this is not required)
2. SEMAP documentation

**Certification**

I Wayman A. Williams (Executive Director) certify that information reported in this form is accurate and true for Housing Authority of the City of Greenville (agency name) on July 25, 2018.

 07-26-19  
**Executive Director** **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
Attn: Angela Williams, Compliance Specialist  
301 North Wilmington Street  
4346 Mail Service Center  
Raleigh, NC 27699-4346  
(919) 814-4679





U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Greensboro Field Office
Office of Public Housing
1500 Pinecroft Road, Suite 401, Asheville Building
Greensboro, North Carolina 27407-3838
336-547-4000
www.hud.gov • espanol.hud.gov

FEB 14 2019

RECEIVED

FEB 21 2019

Wew
02-21-19

Mr. Wayman A. Williams
Executive Director
Housing Authority of the City of Greenville
PO Box 1426
Greenville, NC 27835

BY: \_\_\_\_\_

Dear Mr. Williams:

Thank you for completing your Section 8 Management Assessment Program (SEMAP) certification for the Housing Authority of the City of Greenville (PHA). We appreciate your time and attention to the SEMAP assessment process. SEMAP enables HUD to better manage the Housing Choice Voucher Program (HCV) by identifying PHA capabilities and deficiencies related to the administration of the HCV Program. As a result, HUD will be able to provide more effective program assistance to PHAs.

The final SEMAP score for the Housing Authority of the City of Greenville for the fiscal year ended 9/30/2018 is 100. The following are the scores for each indicator:

Table with 4 columns: Indicator, Description, Applicable Regulations, and Score. It lists 15 indicators and their corresponding scores, such as 'Selection from the Waiting List' with a score of 15 and 'Deconcentration Bonus' with a score of 0.

Your overall performance rating is designated as **High Performer**. Thank you for your cooperation with the SEMAP process. If you have any questions please contact Freda Talley at (336) 851-8108 or by email to [Freda.J.Talley@hud.gov](mailto:Freda.J.Talley@hud.gov).

Sincerely,

A handwritten signature in black ink that reads "Raquel K. Hardin". The signature is written in a cursive style with a large, prominent initial "R".

Raquel K. Hardin  
Division Director, Office of Public Housing  
Office of Field Operations  
U. S. Department of Housing and Urban Development

**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

**Applicant Name:** Housing Authority of the City of Greenville

**Project Name:** Seeds of Change Permanent Supportive Housing

**Location of the Project:** 1103 Broad Street  
Greenville, NC 27834

**Name of the Federal Program to which the applicant is applying:** HUD Defined COC- NC Balance of State COC

**Name of Certifying Jurisdiction:** City of Greenville

**Certifying Official of the Jurisdiction Name:** Ann E. Wall

**Title:** City Manager

**Signature:** 

**Date:** 7/24/19

**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

**Applicant Name:** Housing Authority of the City of Greenville

**Project Name:** Solid Ground Permanent Supportive Housing

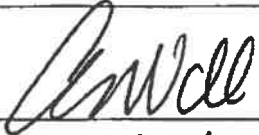
**Location of the Project:** 1103 Broad Street  
Greenville, NC 27834

**Name of the Federal Program to which the applicant is applying:** HUD Defined COC- NC Balance of State COC

**Name of Certifying Jurisdiction:** City of Greenville

**Certifying Official of the Jurisdiction Name:** Ann E. Wall

**Title:** City Manager

**Signature:** 

**Date:** 7/24/19

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Housing Authority of the City of Greenville

Project Name: Project Hope Permanent Supportive Housing

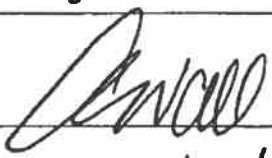
Location of the Project: 1103 Broad Street  
Greenville, NC 27834

Name of the Federal Program to which the applicant is applying: HUD Defined COC- NC Balance of State COC

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 7/24/19

**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Housing Authority of the City of Greenville

Project Name: Project Stable Solutions Permanent Supportive Housing

Location of the Project: 1103 Broad Street  
Greenville, NC 27834

Name of the Federal Program to which the applicant is applying: HUD Defined COC- NC Balance of State COC

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 7/24/19

# Determination of Certification Non-PHA

## General Information

Organization Name: North Carolina Coalition Against Domestic Violence

Mailing Address: 3710 University Drive, Suite 140, Durham NC 27707

Executive Director/CEO Name and Phone # Carolina Alzuru (Interim Executive Director)

Email Address of Executive Director :calzuru@nccadv.org

Fiscal Year Beginning ( MM/YYYYY ) : 01/01/2020

Type of Plan for Review: Other Special Project ( Enter Name) Rapid Rehousing – DV Bonus

Annual Plan Only  Five Year and Annual Plan  5 Year Plan Only  ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

<input type="checkbox"/>	Funding Source	Agency	Dollar Amount	Fiscal Year
<input type="checkbox"/>	CDBG			
<input type="checkbox"/>	Emergency Shelter Grant			
<input type="checkbox"/>	HOME Funds			
<input type="checkbox"/>	IDA Funds			
<input type="checkbox"/>	HOPWA			
<input type="checkbox"/>	Tax Credit Financing			
<input type="checkbox"/>	Down Payment Assistance			

Is your agency a non-profit agency  YES  NO

a) Year Started : 1981

b) Board Chair Katie Vance and Kandace Watkins

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
 NCCADV leads the state's movement to end domestic violence and to enhance work with survivors through collaborative and innovative trainings, prevention, technical assistance, state policy development and legal advocacy. NCCADV is supported by a variety of funding sources

including federal, state and private funding (e.g. CDC Delta Project; Governor's Crime Commission; the Allstate Foundation).

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### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

NCCADV has partnered with experts and organizations throughout the state to improve access to affordable housing for survivors of domestic violence. NCCADV's state steering committee identified survivor housing needs, challenges and promising practices to guide our work. This work includes collaborating with UNC Master of Public Health students to develop best practices for housing DV survivors and assessments for DV service providers (DVSPs) to engage in rapid rehousing. NCCADV has worked with Winston-Salem/Forsyth County Continuum of Care to prioritize survivors in Coordinated Assessment. This work strives to promote affordable housing for survivors, who are particularly at risk of experiencing homelessness.

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**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

N/A

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### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

NCCADV has worked to promote fair housing largely through our trainings in DV shelter policies and practices. NCCADV has offered trainings on the following: sheltering transgender survivors; sheltering LGBTQ survivors; housing rights (Legal Advocate's Institute); sheltering survivors with mental illness and substance use; rules reduction in shelters. While survivors are not explicitly a protected class under the Fair Housing Act, HUD 2016 guidance provides insight that relates to survivors and NCCADV has worked with partners to promote equitable, safe housing for survivors. NCCADV provided technical assistance to the Charlotte Housing Authority regarding survivor-centered response to DV incidents. NCCADV also addressed issues of survivor evictions with the Charlotte Housing Authority.

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**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None, N/A

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**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

N/A



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**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

<input type="checkbox"/>	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>PHA or Non-Profit</b>
	Scattered Site	N/A	N/A	N/A
	Infrastructure	N/A	N/A	N/A
	Urgent Needs	N/A	N/A	N/A
	IDA Funds	N/A	N/A	N/A
	Capacity Building	N/A	N/A	N/A
	Economic Development	N/A	N/A	N/A
	Housing Development	N/A	N/A	N/A
	Catalyst	N/A	N/A	N/A
	NSP 1 Funding	N/A	N/A	N/A
	NSP 3 Funding	N/A	N/A	N/A
	Other ( <i>please describe</i> )	N/A	N/A	N/A

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

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**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

<input type="checkbox"/>	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>Agency or Non-Profit</b>
	Urgent Repair	N/A	N/A	N/A
	Single Family Rehab	N/A	N/A	N/A
	Housing 400 Initiative	N/A	N/A	N/A
	Tax Credits	N/A	N/A	N/A
	Down Payment Assistance	N/A	N/A	N/A
	IDA Loan Pool	N/A	N/A	N/A
	New Homes Loan Pool	N/A	N/A	N/A
	Duke Home Energy Loan Pool	N/A	N/A	N/A
	Homeless Prevention and Rapid Re-Housing	N/A	N/A	N/A

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

<input type="checkbox"/>	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>Agency or NonProfit</b>

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	Homeless Prevention	N/A	N/A	N/A
	Operations	N/A	N/A	N/A
	Supportive Services	N/A	N/A	N/A
	WAP	N/A	N/A	N/A
	CSBG	N/A	N/A	N/A

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

<input type="checkbox"/>	Funding Source	Dollar Amount	Year Awarded	Agency or NonProfit
	Rental Assistance	N/A	N/A	N/A
	Short Term Supportive Housing	N/A	N/A	N/A
	Community Residence	N/A	N/A	N/A

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
Department of Administration - Council for Women & Youth Involvement	Domestic Violence 2018 - 2019 / \$46,292.36	Gwen Moragne
Department of Administration - Council for Women & Youth Involvement	Child Advocacy Services Enhancement 2018 - 2019 / \$100,400	Jackie Jordan
Department of Public Safety - Governor's Crime Commission	eNOugh 2018 - 2019 / \$25,000	Jackie Jordan
Department of Public Safety - Governor's Crime Commission	Direct Legal Services 2018 - 2020 / \$769,759.76	Carolyn Locklear
Department of Public Safety - Governor's Crime Commission	Training & Technical Assistance 2018 - 2019 / \$200,000	Carolyn Locklear
Department of Public Safety - Governor's Crime Commission	Statewide Database 2018 - 2020 / \$496,469.46	Carolyn Locklear
Department of Public Safety - Governor's Crime Commission	Latinx Services 2018 - 2020 / \$490,516.58	Carolyn Locklear

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Carolina Alzuru, (Executive Director) certify that information reported in this form is accurate and true for North Carolina Coalition Against Domestic Violence on 08/07/2019 .

                      8/7/19  
**Executive Director**                      **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
Attn: Angela Williams, Compliance Specialist  
301 North Wilmington Street  
4346 Mail Service Center  
Raleigh, NC 27699-4346  
(919) 814-4679

## Determination of Certification Non- PHA

### General Information

Organization Name: North Carolina Department of Health and Human Services

Mailing Address: 2001 Mail Service Center Raleigh, NC 27699

Executive Director/CEO Name and Phone #: Secretary Mandy Cohen; 919-855-4800

Email Address of Executive Director : mandy.cohen@dhhs.nc.gov

Fiscal Year Beginning (MM/YYYY) : 07/2019

Type of Plan for Review: Other Special Project ( Enter Name) \_\_\_\_\_

Annual Plan Only     Five Year and Annual Plan     5 Year Plan Only     ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
X	Emergency Shelter Grant	NC DHHS DAAS	NC DHHS administers this federal grant (\$4.9 million)	Ongoing
	HOME Funds			
	IDA Funds			
X	HOPWA		NC DHHS administers this federal grant (\$2.4 million)	Ongoing
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency \_\_\_\_\_ YES \_\_\_\_\_ NO

a) Year Started : N/A

b) Board Chair: N/A

If not please describe type of agency: State Government Agency

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

NC DHHS Mission: In collaboration with our partners, DHHS provides essential services to improve the health, safety and well-being of all North Carolinians.

NC DHHS has an annual budget of approximately \$20 billion across all its Divisions, programs and facilities. This funding is from various federal and state funding streams, the majority of which is through Medicaid. NC DHHS administers the Emergency Solutions Grant (ESG) but does not currently receive ESG funding as an applicant. NC DHHS receives state funding for housing programs including Back@Home, Targeting and Key (Key Rental Assistance), and the Transitions to Community Living Initiative. NC DHHS also receives some federal grants related to housing including the Projects for Assistance in Transition from Homelessness (PATH) grant.

### **Affordable Housing**

1) **What is your agency currently doing to promote affordable housing?**

NC DHHS promotes affordable housing through advocacy as a state agency, as well as through the programs it administers and operates. NC DHHS administers the Emergency Solutions Grant (ESG), which provides funding to qualified local governments and non-profit organizations to:

- Improve the number and quality of emergency shelters
- Provide essential services to shelter residents
- Re-house homeless individuals and families
- Prevent families and individuals from becoming homeless.

NC DHHS partners with the NC Housing Finance Agency in the Targeting and Key Program that works to provide access to affordable housing for people with disabilities and/or experiencing homelessness with very low incomes. Properties developed with using the federal Low Income Housing Tax Credit (LIHTC) are required to participate in the Targeting Program. This means that LIHTC properties must set aside between 10 percent and 20 percent of their units and make them available for eligible participants as identified by DHHS. Participants are referred from local service providers and communities to DHHS once they have taken a short training and become an approved referral agency. NC DHHS operates the Key Rental Assistance, which is only available in properties participating in the Targeting Program. Key rental assistance makes the Targeted apartments truly affordable to persons who are disabled

and/or are experiencing homelessness with extremely low incomes and can help pay for security deposits and certain costs incurred by property owners.

In partnership with the NC Housing Finance Agency and Local Management/Managed Care Organizations (LME-MCOs), NC DHHS also operates the Transitions to Community Living Initiative, which provides eligible adults living with serious mental illnesses the opportunity to choose where they live, work and play in North Carolina. This initiative promotes recovery through providing long-term housing, community-based services, supported employment and community integration. The Transitions to Community Living Voucher not only provides rental assistance but can also help pay for security deposits and certain costs incurred by property owners.

NC DHHS also worked with partners at NC Coalition to End Homeless and NC Housing Finance Agency to develop a rapid rehousing program for survivors of Hurricane Florence. Back@Home NC is a rapid rehousing intervention that is a critical part of the State's disaster response. By connecting displaced disaster survivors to resources and services, Back@Home seeks to prevent homelessness and create stability and long-term self-sufficiency. To operate the program, NC DHHS contracts with four rehousing agencies: First Fruit Ministries, Southeast Family Violence Center, Trillium Health Resources, and Volunteers of America Carolinas. Each rehousing Agency has significant experience providing housing and supportive services to people experiencing homelessness. These rehousing help individuals and families displaced by Hurricane Florence recover, stabilize and gain resiliency through providing direct services including:

- Housing Navigation Services – assistance to find and move into housing
- Rental Assistance– financial support for medium-term rental assistance and associated housing costs
- Case Management Services– services to help families stabilize in housing

NC DHHS also operates other housing related programs including PATH, which provides outreach, engagement and services to adults who are living outside and have a serious mental illness or a co-occurring serious mental illness and substance use disorder. PATH targets those individuals who are most in need and are not connected to or provided any services from homeless and mental health provider agencies. There is a program in 4 locations and DHHS contracts directly with a provider agency in these communities to manage and implement the PATH Programs.

A new program at NC DHHS that will provide more opportunities for rental assistance are the Healthy Opportunities Pilots, which provide up to \$650 million in state and federal Medicaid funding for pilot services in two to four areas of the state that are related to housing, food, transportation and interpersonal safety and directly impact the health outcomes and healthcare costs of enrollees. These Pilots are the first in the country to allow Medicaid funding to pay for services such as first month's rent and security deposit, six-months of rent post-hospitalization,



housing modifications and remediation, utility assistance, and other housing related services across Medicaid populations.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

The proposed project is aligned with the State's Consolidated Action Plan. It will not only create more access to housing in the state, but also work to ensure more geographic distribution and capacity that will meet the goals of the Plan.

**FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Fair housing means all persons have equal opportunity to be considered for rental units, purchase of property, housing loans, and property insurance. The North Carolina Fair Housing Act makes it illegal to discriminate in housing because of race, color, religion, sex, national origin, physical or mental handicaps, or family status (families with children). All NC DHHS housing programs comply with all applicable state and federal fair housing laws. In addition, all properties and partners involved in NC DHHS housing programs are trained in Fair Housing.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

No.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

No.

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

<input type="checkbox"/>	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other ( <i>please describe</i> )			

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

#### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

<input type="checkbox"/>	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

□	Funding Source	Dollar Amount	Year Awarded	Agency or NonProfit
	Emergency Solutions Grant	\$4.9 million	2019	NC DHHS, DAAS

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

NC DHHS, through the Division of Aging and Adult Services, administers the State’s Emergency Solutions Grant (ESG) funding to meet the goals of the Consolidated Plan. The Emergency Solutions Grants Program is state administered program. The ESG program’s goals are to assist people in preventing or ending their homelessness by supporting two primary functions: Emergency Response Activities, including emergency shelter operations and services as well as street outreach, and Housing Stability Activities including homelessness prevention and rapid re-housing. Emergency Response Activities focus on the needs of the homeless:

- Street Outreach: Providing essential services to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
- Shelter Operations: Providing costs to operate an emergency shelter.
- Shelter Services: Providing essential services are services to homeless families and individuals in emergency shelters, including: case management, childcare, education, employment, and life skills, legal services, mental health, substance abuse services, transportation, and services for special populations.

The ESG program is designed as the first step in the continuum of assistance to prevent homelessness and to enable the homeless population to move steadily toward independent living. NC ESG is in continuous contact with the CoCs and works with these organizations throughout the year as a partner providing technical assistance and monitoring. CoCs play an important role in assuring that allocations are fairly distributed according to need and organizational capacity. CoCs assist NC ESG in helping to develop policy and procedure for the operation and administration of HMIS.

NC ESG is a member of the Governor's Inter-Agency Council on Homelessness. The agency also works in collaboration of other state and private non-profit organizations including the North Carolina Coalition to End Homelessness, the North Carolina Housing Coalition, Continuum of Care Organizations, the HMIS Governance Committee, providers and municipalities throughout the state.

The Emergency Solutions Grants Program leverages these funds in concert with the NC Key Program (funded in part with HOME Match) through the provision of grants and loans to develop and operate shelters, supportive and permanent housing. ESG funding is also leveraged to combat chronic homelessness through the provision of preventive programs and activities by the Supportive Housing Development Program (SHDP) and Housing Opportunities for Persons with AIDS Program (HOPWA). SHDP helps partners develop permanent housing for persons with disabilities; Key provides operating subsidies for housing for persons with disabilities; and HOPWA provides tenant based rental assistance, short-term mortgage and utility assistance, housing information, supportive services and resource identification to persons with HIV/AIDS.

### **HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

<input type="checkbox"/>	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>Agency or NonProfit</b>
	HOPWA- Tenant-based Rental Assistance	\$1,539,205	2016 - 2020	NC DHHS, DPH
	HOPWA- Short Term Rent, Mortgage and Utilities	\$270,010	2016 – 2020	NC DHHS, DPH
	HOPWA- Supportive Services	\$142,761	2016 – 2020	NC DHHS, DPH
	HOPWA- Permanent Housing Placement	\$37,005	2016 – 2020	NC DHHS, DPH
	HOPWA- Resource Identification/ Housing Information	\$34,271	2016 – 2020	NC DHHS, DPH

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

NC DHHS, through the Division of Public Health, administers the State's HOPWA funding to meet the goals of the Consolidated Plan including:

- Obtain permanent housing that is safe, decent and affordable for persons living with HIV and their families within each Network of Prevention and Care in North Carolina.
- Provide short-term rent, mortgage and utility assistance to prevent homelessness and assist persons living with HIV and their families maintain housing.
- Provide services that help HOPWA program participants stabilize their living situations and address care needs of persons living with HIV.
- Provide assistance with housing placement costs to assist persons living with HIV to secure housing and prevent homelessness.
- Identify and locate available, affordable and appropriate housing units for persons living with HIV to prevent homelessness.

The North Carolina HIV Care Program (HCP) funds 10 Regional Networks of Prevention and Care across the State as part of an HIV Patient Management Prevention and Care Model. Each Network of Prevention and Care includes the provision of Ryan White Part B core medical and support services including outpatient/ambulatory care, mental health, outpatient substance abuse, medical and non-medical case management, oral health, health insurance premium cost -sharing assistance and transportation services; prevention services including testing and counseling services; HOPWA services including Tenant Based Rental Assistance (TBRA), Short-Term Rent, Mortgage and Utility Assistance (STRMU), Permanent Housing Placement (PHP), Supportive Services (SS), Housing Information (HI) and Resource Identification (RI) for individuals living with HIV/AIDS. Currently, the HCP funds 10 HOPWA Project Sponsors within the 10 Regional Networks of Prevention and Care across the State. All funded and non-funded agencies that make up the Regional Networks of Prevention and Care, participate in a minimum of quarterly Regional Network Meetings to address the needs of persons living with HIV/AIDS in their respective Networks of Prevention and Care. The Communicable Disease Branch has integrated the Ryan White Part B and HOPWA programs with the Prevention and Community Planning program. This includes holding joint Ryan White, HOPWA and Prevention Providers meetings and HIV Prevention and Care Advisory Committee (HPCAC) meetings.

The HOPWA program participates in the Continuum of Care (CoC) monthly calls, providing input on housing needs across the state and discussing collaborative housing opportunities. As part of the Consolidated Plan Partners, the HOPWA program works closely with ESG on addressing the needs of homeless/chronically homeless individuals living with HIV.

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
Governor's Office/OSBM & DPS	Back@Home NC/ \$8,000,000	Erika Ferguson
NC DHHS (appropriation)	Key Rental Assistance/ \$5.5 million	Stephanie Williams

NC DHHS (appropriation)	Transitions to Community Living Initiative/ \$14 million	Jessa Johnson
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\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Enka Ferguson (Executive Director) certify that information reported in this form is accurate and true for NC Dept. of Health and Human Services (agency name) on 08/12/2019 (mm/dd/yyyy)

Enka Ferguson  
**Executive Director**

08/12/2019  
**Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Determination of Certification Non-PHA

## General Information

Organization Name: Partners Behavioral Health Management

Mailing Address: 901 S. New Hope Road Gastonia, NC 28054

Executive Director/CEO Name and Phone # Rhett Melton 704-884-2501

Email Address of Executive Director : rmelton@partnersbhm.org

Fiscal Year Beginning ( MM/YYYY ) : 07/2019

Type of Plan for Review: Other Special Project ( Enter Name ) HUD Continuum of Care Homeless Assistance Programs

N/A Annual Plan Only    N/A Five Year and Annual Plan    N/A 5 Year Plan Only  
N/A ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
N/A	CDBG			
N/A	Emergency Shelter Grant			
N/A	HOME Funds			
N/A	IDA Funds			
N/A	HOPWA			
N/A	Tax Credit Financing			
N/A	Down Payment Assistance			

Is your agency a non-profit agency \_\_\_\_\_ YES    X NO

a) Year Started : merged 2012 – prior 1965

b) Board Chair : Will Neumann

If not please describe type of agency: LME/MCO local government

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
Partners' mission is to manage a behavioral health care system funded by federal, state and local taxpayer dollars. We ensure all individuals who are eligible for our programs have access to quality providers and effective services. We improve lives and strengthen our

communities by focusing on positive outcomes and the proper use of funds entrusted to us.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Partners BHM administers permanent supportive housing programs for individuals who are homeless. Our agency is also involved in with the Continuum of Care activities in the nine counties of our LME/MCO catchment area to support, promote, and create affordable housing. Partners has also implemented a comprehensive housing plan to address gaps and increase affordable housing options for people with mental health, substance use disorder and intellectual developmental disabilities. Partners collaborates with NCHFA as well as PHAs and RHAs in our nine counties to increase affordable housing options.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Partners is applying for a renewal grant (Partners Consolidated Renewal 2019) through the Balance of State Continuum of Care. The renewal grant will cover five of the nine counties within the catchment area.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Partners works with the Housing Finance Agency and Legal Aid to promote and educate consumers, landlords, and members of the community on landlord tenant laws for people with disabilities and reasonable accommodations and modifications for individuals with disabilities. Our agency also operates its permanent supportive housing programs in compliance with fair housing laws as well as adhering to HUD quality standards guidelines. Our staff have assisted with many reasonable accommodations requests for individuals and families. Our agency is working to meet the requirements in the Transition to Community Living Initiative to ensure people with behavioral health issues have an opportunity to equal and fair housing.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

There have been no fair housing complaints against our agency in the past year.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

Our agency has not been notified by the North Carolina Fair Housing Commission or HUD of any complaints against our agency.



**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
N/A	Infrastructure			
N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	Catalyst			
N/A	NSP 1 Funding			
N/A	NSP 3 Funding			
N/A	Other ( <i>please describe</i> )			

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Homeless Prevention			
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

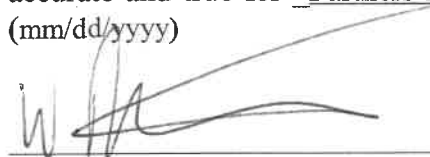
Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
NCDHHS	IPRS for behavioral health treatment and service for contract providers. \$45 million	N.C. Secretary of DHHS Dr. Mandy Cohen

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I W.Rhett Melton (Executive Director) certify that information reported in this form is accurate and true for Partners Behavioral Health Management (agency name) on 07/29/2019 (mm/dd/yyyy)



**Executive Director**

7/29/2019  
**Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Partners Behavioral Health Management

Project Name: Partners Consolidated Renewal 2019

Location of the Project: Burke, Catawba, Iredell, Surry, and Yadkin Counties

\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD CoC Rental Assistance Program

Name of Certifying Jurisdiction: Surry County - HOME Consortium

Certifying Official of the Jurisdiction Name: Chris Knopf

Title: County Manager

Signature: 

Date: 8/7/19

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Partners Behavioral Health Management

Project Name: Partners Consolidated Renewal 2019

Location of the Project: Burke, Catawba, Iredell, Surry, and Yadkin Counties

\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD CoC Rental Assistance Program

Name of Certifying Jurisdiction: City of Hickory

Certifying Official of the Jurisdiction Name: Warren Wood

Title: City Manager

Signature: Warren Wood

Date: 8-8-19

## Determination of Certification Non-PHA

### General Information

Organization Name: Pitt County Planning Department

Mailing Address: 1717 W. 5th Street Greenville, NC 27834

Executive Director/CEO Name and Phone # D. Scott Elliott (252)902-2954

Email Address of Executive Director : scott.elliott@pittcountync.gov

Fiscal Year Beginning ( MM/YYYY ) : 07/2019

Type of Plan for Review: Other Special Project ( Enter Name ) \_\_\_\_\_

Annual Plan Only     Five Year and Annual Plan     5 Year Plan Only     ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
✓	CDBG	NC Commerce	\$3,000,000	2015-2018
✓	Emergency Shelter Grant	NCDHHS	\$60,000	2018-2019
✓	HOME Funds	NCHFA	\$175,000	2017
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

See attached chart for additional funding from State, Federal or Local Governments.

Is your agency a non-profit agency  YES  NO

a) Year Started : \_\_\_\_\_

b) Board Chair \_\_\_\_\_

If not please describe type of agency: Unit of local government

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
To enhance the health, safety, and well-being of our community by advocating for  
and providing quality services in a friendly, efficient, and cost-effective manner. The  
County uses locally collected taxes and fees to provide services, in addition to grants

from a variety of sources as noted in the chart above and attached chart of other funding sources.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Pitt County administers a Rapid Rehousing program to house those in our community who are homeless. The County also administers housing rehabilitation programs that finance necessary home repairs to low-income and disabled homeowners. Hurricane disaster relief programs also allow low-income households to repair/replace damaged homes. All programs are promoted through Pitt County public information office via cable access TV, newspapers, County website. Public meetings & partners agencies are other source

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Pitt County is applying for homeless assistance funds through the Department of Housing and Urban Development so that more homeless households can be permanently housed. Reducing the homeless population is a priority in the State Consolidated Plan. Funds will be paired with ESG funds already received by the County.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Pitt County has a Fair Housing Plan. The County posts Fair Housing Posters and documents provided by the NC Human Relations Commission in strategic places in County facilities, makes documents available for display/dissemination in public locations (e.g. libraries), and incorporates Fair Housing information into housing program public meetings. The County also publicizes fair housing on cable access TV/County public information channel, and in housing public notices. Targeted mailings to contractors, service recipients, and landlords, along with workshops further address fair housing. The County assists consumers in filing fair housing complaints, as well.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

There have been no fair housing complaints.

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3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

There have been on fair housing complaints.

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**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
✓	Infrastructure	\$3,000,000	2015	Local gov't
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
✓	Other (please describe) Disaster Recovery w/ NCDEM	\$1,000,000	2017	Local gov't

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

CDBG funds received by Pitt County are for wastewater infrastructure improvements for housing developments with household incomes at or below 80% of AMI. In partnership with NCDEM, REDD distributed disaster recovery funds for hurricane survivor home repairs.

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**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

<input checked="" type="checkbox"/>	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>Agency or Non-Profit</b>
<input checked="" type="checkbox"/>	Urgent Repair	\$75,000/\$100,000	2017/2019	Local gov't
<input checked="" type="checkbox"/>	Single Family Rehab	\$175,000	2017	Local gov't
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			
<input checked="" type="checkbox"/>	Other - Disaster Recovery	\$150,000	2017	Local gov't

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

Pitt County uses Urgent Repair and Single Family Rehab funds to perform repair and rehabilitation to homes occupied by households with low incomes. Incomes must be at or below 50% of AMI for Urgent Repair and at or below 80% of AMI for Single Family Rehab. Funds are used for a range of activities that may include AC, flooring, roofing, windows, insulation, plumbing, septic and, electrical improvements. Home repair assistance has also been provided for hurricane survivor homeowners who experienced damage during Hurricane Matthew, as well as Tropical Storms Julia and Hermine.

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**Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

<input checked="" type="checkbox"/>	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Homeless Prevention			
	Operations			
	Supportive Services			
	WAP			
	CSBG			

Rapid Rehousing                      \$60,000                      2018-2019                      Local gov't

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

Rapid Rehousing funds are used for the placement of homeless households into permanent housing. Funds are specifically used for rental assistance that may include housing search, inspection, placement, and follow-up. Funds are used to place households as quickly as possible, with amounts of assistance tailored to the specific needs of the household.

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**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Rental Assistance			
	Short Term Supportive Housing			
	Community Residence			

Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

N/A

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I D. Scott Elliott (Executive Director) certify that information reported in this form is accurate and true for County of Pitt (agency name) on \_\_\_\_\_ (mm/dd/yyyy)

D. Scott Elliott                      7-24-19  
~~Executive Director~~                      **Date**  
*County Manager*

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

Certificate of Consistency with the Consolidated Plan 2019

Additional Funding Sources for Pitt County Planning Department

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
✓	CDBG	NC Commerce	\$3,000,000	2015-2018
✓	Emergency Solutions Grant	NCDHHS	\$42,977	2016-2017
✓	Emergency Solutions Grant	NCDHHS	\$43,888	2017-2018
✓	NC Housing Trust Fund	NCHFA	\$150,000	2017
✓	NC Disaster Recovery Act	NCDEM/DCA	\$1,000,000	2017
✓	HMGP	NCDEM	\$1,044,263	2018-2020
✓	Urgent Repair Program (URP)	NCHFA	\$100,000	2019
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

**Applicant Name:** Pitt County Planning Department

**Project Name:** PittRRH2019

**Location of the Project:** All of the geographic area of Pitt County, NC

**Name of the Federal  
Program to which the  
applicant is applying:** HUD CoC Homeless Assistance Program-NC Balance of State

**Name of  
Certifying Jurisdiction:** City of Greenville

**Certifying Official  
of the Jurisdiction  
Name:** Ann E. Wall

**Title:** City Manager

**Signature:**



**Date:**

7/24/19

## Determination of Certification Non-PHA

### General Information

Organization Name: Rockingham County Help for Homeless

Mailing Address: 110 A North Franklin St. Madison, NC 27025

Executive Director/CEO Name and Phone # Amy Steele, Exec. Director, 336-548-9533

Email Address of Executive Director : amysteele67@gmail.com

Fiscal Year Beginning ( MM/YYYY ) : 09/2020

Type of Plan for Review: Other Special Project ( Enter Name) HUD Continuum of Care Homeless Assistance Program

  n/a   Annual Plan Only     n/a   Five Year and Annual Plan   n/a   5 Year Plan Only  
  n/a   ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency   X   YES        NO

a) Year Started :                   2000

b) Board Chair                     Portia Parris

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.** Rockingham County Help for Homeless, Inc. is a faith-based organization providing supportive services and affordable housing options to individuals and families in Rockingham County who are experiencing homelessness. Our mission is to help our clients become self-sufficient and productive members of our community. Rockingham County Help for Homeless depends on the faith-based community, businesses, civic organizations and individuals for financial support.

### **Affordable Housing**

- 1) **What is your agency currently doing to promote affordable housing?**

RCHH is placing families who have been homeless into affordable housing within Rockingham County. RCHH has developed relationships with area property managers and landlords who are willing to place our clients into their properties even though many of our clients have significant backgrounds. As an agency, we have been able to place more than 20 families and 14 individuals into housing.

- 2) **What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

RCHH is applying for renewal of their Permanent Supportive Housing program and Permanent Housing Rapid Re-Housing program grants. This funds 20 Permanent Supportive housing units with leasing, operating, supportive services and HMIS reporting. It funds 14 Permanent Rapid Re-Housing units with rental assistance, supportive services and HMIS reporting.

### **FAIR HOUSING**

- 1) **How does your agency promote fair housing and ensure fair housing law is implemented?**

RCHH does not discriminate based on race, sex, social class or sexual orientation. Our application and selection process screens applicants for qualifications of our particular grants. We follow HUD guidelines and have developed policies and procedures that protect our clients and also the landlords we use. Our landlords follow the tenancy laws of the land. If a client violates the rules, regulations or procedures of our program, RCHH has clear guidelines and processes for termination which also includes an appeals process.

- 2) **In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

N/A



3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

N/A

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			

	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Homeless Prevention			
	Operations			
	Supportive Services			
	WAP			
	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
	Short Term Supportive			

	Housing			
	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

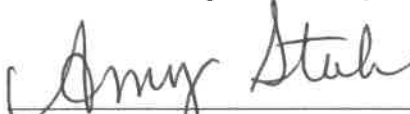
Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
N/A		

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I, Amy Steele (Executive Director) certify that information reported in this form is accurate and true for Rockingham County Help for Homeless on 7/29/19.

      7-29-19  
**Executive Director**                      **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Determination of Certification Non-PHA

**General Information**

Organization Name: Surry Homeless and Affordable Housing Coalition

Mailing Address: 1325 West Pine St., Suite 205, Mount Airy, NC 27030

Executive Director/CEO Name and Phone# Michelle Creed, Board Pres., 336-386-4112

Email Address of Executive Director: surryhomeless@gmail.com

Fiscal Year Beginning (MM/YYYY): 01/2019 \_\_\_\_\_

Type of Plan for Review: Other Special Project (Enter Name): HUD Continuum of Care Homeless Assistance Program

n/a Annual Plan Only    n/a Five Year and Annual Plan    n/a 5 Year Plan Only  
n/a ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

	<b>Funding Source</b>	<b>Agency</b>	<b>Dollar Amount</b>	<b>Fiscal Year</b>
<u>n/a</u>	CDBG			
<u>n/a</u>	Emergency Shelter Grant			
<u>n/a</u>	HOME Funds			
<u>n/a</u>	IDA Funds			
<u>n/a</u>	HOPWA			
<u>n/a</u>	Tax Credit Financing			
<u>n/a</u>	Down Payment Assistance			

Is your agency a non-profit agency X YES \_\_\_\_\_ NO

a) Year Started: 2002 \_\_\_\_\_

b) Board Chair Michelle Creed

If not please describe type of agency: \_\_\_\_\_

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

SHAHC's mission is to: 1) Advocate for the end of homelessness. 2) Ensure that the homeless can access resources necessary for returning to self-sufficiency and permanent housing. and 3) to increase the number of decent affordable housing units for homeless people in Surry County. We receive funding through the HUD Continuum of Care. Housing

Choice Vouchers, rental income, Surry United Fund, Yadkin Valley United Fund, and community donations.

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### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

SHAHC promotes affordable housing in Surry County through it's permanent supportive housing program for homeless people with disabilities, funded by the HUD Continuum of Care. SHAHC also provides three units of transitional housing for homeless families, funded by the Piedmont Triad Regional Council housing choice vouchers. SHAHC participates in the Davie-Stokes-Surry Regional Committee of the Balance of State Continuum of Care.

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**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

We are applying to renew our HUD permanent supportive housing grant under the 2019 Continuum of Care.

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### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

SHAHC staff and Board members have attended Fair Housing workshops and are committed to abiding by Fair Housing rules and regulations. We have educated our program participants about Fair Housing standards, landlord and tenant rights, and by have educated landlords about Fair Housing Standards.

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**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None \_ \_ \_ \_ \_

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**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None \_ \_ \_ \_ \_

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**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write *N/A* as a response. Please include any amounts

that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>PHA or Non-Profit</b>
n/a	Scattered Site			
n/a	Infrastructure			
n/a	Urgent Needs			
n/a	IDA Funds			
n/a	Capacity Building			
n/a	Economic Development			
n/a	Housing Development			
n/a	Catalyst			
n/a	NSP 1 Funding			
n/a	NSP 3 Funding			
n/a	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A \_\_\_\_\_

### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>Agency or Non-Profit</b>
n/a	Urgent Repair			
n/a	Single Family Rehab			
n/a	Housing 400 Initiative			
n/a	Tax Credits			
n/a	Down Payment Assistance			
n/a	IDA Loan Pool			
n/a	New Homes Loan Pool			
n/a	Duke Home Energy Loan Pool			
n/a	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

*NIA* \_\_\_\_\_

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**Emergency Shelter Grant**

Please answer the following questions in reference to various programs , if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>Agency or Non-Profit</b>
n/a	Homeless Prevention/Rapid Re-Housing			
n/a	Operations			
n/a	Supportive Services			
n/a	WAP			
n/a	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

*NIA* \_\_\_\_\_

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**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>Agency or Non-Profit</b>
n/a	Rental Assistance			
n/a	Short Term Supportive Housing			
n/a	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

*NIA* \_\_\_\_\_

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

Agency	Program/Fund/Amount	Contact Person
<i>NIA</i>		

**Certification**

I Michelle Creed, Board President certify that information reported in this form is accurate and true for Surry Homeless and Affordable Housing Coalititon on 07/28/2011

*Michelle Creed*  
**SHAHC Board President**      **7/28/11**

**Please mail the form back to:**

North Carolina Division of Community Assistance  
 Attn: Angela Williams, Division Administrative Assistant  
 100 E. Six Forks Road  
 4313 Mail Service Center  
 Raleigh, NC 27699-4313  
 (919) 571-4900



**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Surry Homeless and Affordable Housing Coalition

Project Name: SHAHC PH Renewal 2019

Location of the Project: Surry County, North Carolina

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition- Balance of State

Name of Certifying Jurisdiction: Surry County Housing Constortium

Certifying Official of the Jurisdiction Name: Chris Knopf

Title: County Manager

Signature: 

Date: 7/29/19

## Determination of Certification Public Housing Authorities

### General Information

The New Reidsville Housing Authority  
 PHA Name: \_\_\_\_\_ PHA Code: NC098

Executive Director Name and Phone # MITCHELL FAHRER, 336-791-0079  
 Email Address of Executive Director : MFAHRER@NEWRHA.ORG

PHA Fiscal Year Beginning ( MM/YYYY ) : 07/2019

PHA Type:  Small \_\_\_ High Performing \_\_\_ Standard \_\_\_ HCV Section 8

Inventory: # of PH Units 98 Number of HVC Units 220

Type of Plan for Review:

Annual Plan Only \_\_\_ Five Year and Annual Plan \_\_\_ 5 Year Plan Only

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

1) Does your agency have an affiliate non-profit organization: \_\_\_ Yes \_\_\_<sup>x</sup> No (If yes answer a-c)

a) Name of Affiliate Non-Profit \_\_\_\_\_

b) Year Started : \_\_\_\_\_

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

It is the mission of The New Reidsville Housing Authority to provide decent, affordable housing for low-income, elderly, homeless, and special needs residents of Reidsville and Rockingham County, North Carolina. Sources of funding include, HUD Operating Funds, HUD Capital funding, HUD Housing Choice Voucher funding, HOPWA funding from the Central Carolina Health Network, and CoC permanent Supportive Housing.

**SEMAP**

1) **What is your agency current SEMAP score?** 96  
*(Please attach documentation of that SEMAP score)*

2) **What is your current wait list for HCV vouchers?** 54

3) **How is priority determined of those that receive HCV vouchers?**

First come, first served based on date of application, in addition to local preferences.

**CAPITAL FUNDS**

1) **Total amount of Capital Funds received annually?** 265,179.00

2) **What amount of capital funds is used to address substandard housing?** N/A

3) **What type of activities are taking place from the capital fund program to address substandard public housing?**

About 70% of the Capital Fund is required to meet day to day operating expenses for the Housing Authority. The balance is spent on maintenance of dwelling and non-dwelling structures and dwelling and non-dwelling equipment for the ParkView Village community.

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**4) What is the amount of funding from capital funds used to promote non-housing needs for low to moderate income persons, please explain? (Use current fiscal year numbers)**

The Housing Authority designates approximately \$3,000 annually of its operating funds for tenant programs and services.

**5) What amount of capital funds are used to specifically address homeless? Please provide amount and specifically address activities. If none, write N/A.**

N/A

**6) What amount of capital funds are used to specifically address persons who qualify for HOPWA funds? Please provide amount and specifically address activities. If none, write N/A.**

We received \$30,392 in HOPWA funding from the Central Carolina Health Network last year.

**7) What amount of capital funds are used to specifically address elderly persons? Please provide amount and specifically address activities. If none, write N/A.**

The Housing Authority utilizes the same \$3,000 annually to address the needs of elderly tenant programs and services.

**FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

All staff receive regular training on fair housing issues. RHA inspects each residence of its public housing, Section 8, HOPWA and CoC residents to ensure appropriate living conditions are being provided by landlords. RHA mediates disputes between Section 8/CoC tenants and landlords in Rockingham County, as necessary. RHA offers Fair Housing training workshops to participants, once each year.

**2) In the past fiscal year, how many fair housing complaints have been issued to the PHA? Describe the type of fair housing complaint received.**

NONE

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

The last complaint was in 2006 by a public housing resident. A state investigator from Raleigh interviewed the tenant and the Housing Authority staff on site and ruled that the complaint of discrimination was invalid.

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

<b>✓</b>	<b>Funding Source</b>	<b>Dollar Amount</b>	<b>Year Awarded</b>	<b>PHA or Non-Profit</b>
N/A	Scattered Site			
N/A	Infrastructure			
N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	NSP 1 Funding			

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

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N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

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N/A

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### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Homeless Prevention			
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

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N/A

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**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
x	Rental Assistance	\$30,392	2018-2019	Non-profit
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

RHA houses 4 HOPWA funded tenants in Rockingham County.

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
N/A		

**Required attachments**

Please attach the following

1. 3 copies of the plan to be reviewed
2. SEMAP documentation

**Certification**

I MITCHELL FAHRER (Executive Director) certify that information reported in this form is accurate and true for THE NEW REIDSVILLE H. A. (agency name) on 7/23/2019 (mm/yyyy)

 7/23/2019  
**Executive Director** **Date**

**Please mail the form back to:**

North Carolina Department of Commerce Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 919-814-4679

## Determination of Certification Non-PHA

### General Information

Organization Name: Sixth Avenue Psychiatric Rehabilitation Partners, Inc dba Thr

Mailing Address: 110-C Chadwick Square Court, Hendersonville, NC 28739

Executive Director/CEO Name and Phone # Kristen Martin 828-697-1581 ext 207

Email Address of Executive Director : Kmartin@thrive4health.org

Fiscal Year Beginning ( MM/YYYY ) : 07/2019

Type of Plan for Review: Other Special Project ( Enter Name ) \_\_\_\_\_

Annual Plan Only \_\_\_\_\_ Five Year and Annual Plan \_\_\_ 5 Year Plan Only \_\_\_ ROSS  
GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency  YES \_\_\_\_\_ NO

a) Year Started : 2006

b) Board Chair Ed Spencer

If not please describe type of agency: N/A

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

Thrive's mission is to provide support and opportunities to adults with mental health needs offering community, hope, and recovery. Thrive, through a continuum of care, empowers individuals to realize a full life of health and recovery. Healthy individuals thrive in our community through engagement and advocacy.

Thrive bills Medicaid and State funds for our Psychiatric Rehabilitation Day Program. HUD & ESG dollars are utilized for our housing program. We also receive support from the United Way, local businesses, and individuals.  
Affordable Housing

1) What is your agency currently doing to promote affordable housing?

Our Executive Director leads & facilitates affordable housing meetings monthly. We advocate with city & county officials to change zoning that would allow & promote further development of affordable housing. Staff and board members also speak with State Representatives about the need for affordable housing.

2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?

U.S. Department of Housing and Urban Development  
FY2019 Continuum of Care Homeless Assistance Grants.

### FAIR HOUSING

1) How does your agency promote fair housing and ensure fair housing law is implemented?

Fair housing means equal opportunity for all. The homeless individuals and families we serve often have a difficult time advocating for themselves and are often taken advantage of. Thrive works side-by-side each household to ensure fair rent, safe housing, and fair treatment by local landlords. Thrive works closely with Pisgah Legal when needed to provide free legal advice & services to clients.

2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

None

3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

*None*

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
<i>N/A</i>	Scattered Site			
<i>N/A</i>	Infrastructure			
<i>N/A</i>	Urgent Needs			
<i>N/A</i>	IDA Funds			
<i>N/A</i>	Capacity Building			
<i>N/A</i>	Economic Development			
<i>N/A</i>	Housing Development			
<i>N/A</i>	Catalyst			
<i>N/A</i>	NSP 1 Funding			
<i>N/A</i>	NSP 3 Funding			
<i>N/A</i>	Other ( <i>please describe</i> )			

Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

*N/A*

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

N/A

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Homeless Prevention			
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

N/A

N/A

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
DHHS - ESG office	\$71,633	Kim Crawford
NCCEH - Subrecipient SSO-CE	\$30,000	Ehren Dohler

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Kristen Martin (Executive Director) certify that information reported in this form is accurate and true for Thrive (agency name) on 8/6/19 (mm/dd/yyyy)

Kristen Martin 8/6/19  
 Executive Director Date

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679



## Determination of Certification Non-PHA

### General Information

Organization Name: Sixth Avenue Psychiatric Rehabilitation Partners, Inc dba Thrive

Mailing Address: 110-C Chadwick Square Court, Hendersonville, NC 28739

Executive Director/CEO Name and Phone # Kristen Martin 828-697-1581 ext 207

Email Address of Executive Director : Kmartin@thrive4health.org

Fiscal Year Beginning ( MM/YYYY ): 07/2019

Type of Plan for Review: Other Special Project ( Enter Name) \_\_\_\_\_

Annual Plan Only \_\_\_\_\_ Five Year and Annual Plan \_\_\_\_\_ 5 Year Plan Only \_\_\_\_\_ ROSS GRANT

Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency  YES \_\_\_\_\_ NO

a) Year Started : \_\_\_\_\_

b) Board Chair \_\_\_\_\_

2006  
Ed Spencer

If not please describe type of agency: N/A

c) Briefly Describe the mission of the agency and funding sources used to support agency.

Thrive's mission is to provide support and opportunities to adults with mental health needs offering community, hope, and recovery. Thrive, through a continuum of care, empowers individuals to realize a full life of health and recovery. Healthy individuals thrive in our community through engagement and advocacy.

Thrive bills Medicaid and State funds for our Psychiatric Rehabilitation Day Program. HUD & ESG dollars are utilized for our housing program. We also receive support from the United Way, local businesses, and individuals.

Affordable Housing

1) What is your agency currently doing to promote affordable housing?

Our Executive Director leads & facilitates affordable housing meetings monthly. We advocate with city & county officials to change zoning that would allow & promote further development of affordable housing. Staff and board members also speak with State Representatives about the need for affordable housing.

2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?

U.S. Department of Housing and Urban Development  
FY2019 Continuum of Care Homeless Assistance Grants

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### FAIR HOUSING

1) How does your agency promote fair housing and ensure fair housing law is implemented?

Fair housing means equal opportunity for all. The homeless individuals and families we serve often have a difficult time advocating for themselves and are often taken advantage of. Thrive works side-by-side each household to ensure fair rent, safe housing, and fair treatment by local landlords. Thrive works closely with Pisgah Legal when needed to provide free legal advice & services to clients.

2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

None

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3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

*None*

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**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
<i>N/A</i>	Scattered Site			
<i>N/A</i>	Infrastructure			
<i>N/A</i>	Urgent Needs			
<i>N/A</i>	IDA Funds			
<i>N/A</i>	Capacity Building			
<i>N/A</i>	Economic Development			
<i>N/A</i>	Housing Development			
<i>N/A</i>	Catalyst			
<i>N/A</i>	NSP 1 Funding			
<i>N/A</i>	NSP 3 Funding			
<i>N/A</i>	Other ( <i>please describe</i> )			

Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

*N/A*

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N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

N/A

N/A

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### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Homeless Prevention			
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

N/A

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N/A

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

N/A

Please list any other additional funding sources that your agency is receiving from any other state agencies. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
DHHS- ESG Office	\$71,633	Kim Crawford
NCCEH Subrecipient SSO-CE	\$30,000	Ehren Dohler

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Kristen Martin (Executive Director) certify that information reported in this form is accurate and true for Thrive (agency name) on 8/6/19 (mm/dd/yyyy)

Kristen Martin 8/6/19  
**Executive Director** **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Sixth Avenue Psychiatric Rehabilitation Partners, Inc. dba Thrive

Project Name: Pathways to Permanent Housing 1

Location of the Project: Region 2- Henderson, Polk, Rutherford, and Transylvania Counties

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: Henderson County

Certifying Official of the Jurisdiction Name: Amy Brantley

Title: Assistant County Manager

Signature: 

Date: 7.24.19



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Sixth Avenue Psychiatric Rehabilitation Partners, Inc. dba Thrive

Project Name: Pathways to Permanent Housing 3

Location of the Project: Region 2- Henderson, Polk, Rutherford, and Transylvania Counties

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\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: Henderson County

Certifying Official of the Jurisdiction Name: Amy Brantley

Title: Assistant County Manager

Signature: 

Date: 7.24.19

# Determination of Certification Non-PHA

**General Information**

Organization Name: Trillium Health Resources

Mailing Address: 201 West 1<sup>st</sup> Street, Greenville, NC 27858

Executive Director/CEO Name and Phone # Leza Wainwright, 1-866-998-2597

Email Address of Executive Director: Leza.Wainwright@Trilliumnc.org

Fiscal Year Beginning: 07/2019

Type of Plan for Review: Other Special Project (Enter Name): HUD Continuum of Care Homeless Assistance Program

N/A Annual Plan Only; N/A Five Year and Annual Plan; N/A 5 Year Plan Only; N/A ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency      YES X NO (Local Government)

a) Year Started : \_\_\_\_\_

b) Board Chair \_\_\_\_\_

If not please describe type of agency: Local Management Entity/Managed Care Organization

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

Trillium Health Resources works in partnership with people who face significant challenges related to substance use, mental illness, and/or intellectual developmental disabilities. Our commitment is to provide consistently excellent, person-centered, family-oriented services within a recovery-based system that is flexible, accessible and respects the individual's freedom or choice.

We receive federal, state and county funds to support our agency.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Trillium Health Resources currently administers 3 HUD funded permanent supportive housing grants as well as Back@Home that supports victims of Hurricane Florence. We participate in and partner with the NC Balance of State Continuum of Care and Regional Committees (subcommittees of N.C. Balance of State) throughout our catchment area. We work to build relationships with local housing authorities and other agencies that administer rent subsidized programs, the NC Housing Finance Agency, as well as property managers and developers.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Our agency is applying for three renewal projects and a new project:

1. Trillium PSH #1
2. Trillium PSH #2
3. Trillium PSH #3
4. Trillium RRH

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Trillium Health Resources provides its service providers with fair housing training upon entry into our provider network. We work closely with Legal Aid of NC to bring Fair Housing Training throughout our catchment area. Should legal issues arise regarding fair housing that may require their expertise we contact Legal Aid of NC as well.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None have been reported.

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other <i>(please describe)</i>			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan			

	Pool			
	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Homeless Prevention			
	Operations			
	Supportive Services			
	WAP			
	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Rental Assistance			
	Short Term Supportive Housing			
	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
NC DHHS	Back@Home/\$2,784,650.00	Ericka Furgeson

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I, Leza Wainwright, (Chief Executive Officer) certify that information reported in this form is accurate and true for Trillium Health Resources on 08/05/2019.

      8/5/19  
**Executive Director**                      **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E Wall

Title: City Manager

Signature: *Ann E Wall*

Date: 8/8/19

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2502-0047 (Rev. 10/2015)

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information.)

ApplicantName: Trillium Health Resources  
ProjectName: Trillium PSH #2  
Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: AnnE Wall

Title: City Manager

Signature: [Handwritten Signature]

Date: 8/8/19



**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

HUD Form HUD-2991 (3-17-17)

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #3

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E Wall

Title: City Manager

Signature: Ann E Wall

Date: 8/8/19

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

HUD APPROVAL NO. 2009-17 (REV. 2/2002)

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

ApplicantName: Trillium Health Resources

ProjectName: Trillium RRH

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: AWall

Date: 8/8/19

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

ApplicantName: Trillium Health Resources

ProjectName: Trillium PSH #1

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of New Bern

Certifying Official of the Jurisdiction Name:  MARK A. STEPHENS

Title: City Manager

Signature: 

Date: 8/7/19

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

HUD FORM 2991 (1-19)

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information.)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #2

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of New Bern

Certifying Official of the Jurisdiction Name: MARK A. STEPHENS

Title: CITY MANAGER

Signature: 

Date: 8/7/19

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

HUD APPROVED FOR CONSISTENCY (HUD-2)

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #3


Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of New Bern

Certifying Official of the Jurisdiction Name: MARK A. STEPHENS

Title: CITY MANAGER

Signature: 

Date: 8/7/19

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information.)

ApplicantName: Trillium Health Resources

ProjectName: Trillium RRH

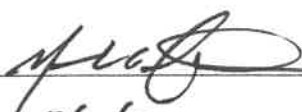
Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of New Bern

Certifying Official of the Jurisdiction Name: MARK A. STEPHENS

Title: CITY MANAGER

Signature: 

Date: 8/7/19

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium RRH

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction Name: Richard L. Woodruff

Title: City Manager

Signature: *Richard L. Woodruff*

Date: 08-08-19

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

ApplicantName: Trillium Health Resources

ProjectName: Trillium PSH #1

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction Name: Richard L. Woodruff

Title: City Manager

Signature: *Richard L. Woodruff*

Date: 08-07-19



**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

HUD Form HUD-2981 (3/19)

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #2

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction Name: Richard L. Woodruff

Title: City Manager

Signature: Richard L. Woodruff

Date: 08-08-19

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

OMB APPROVAL NO. 2502-0047 (03/97) 42

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

Applicant Name: Trillium Health Resources  
Project Name: Trillium PSH #3  
Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858  
Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Jacksonville  
Certifying Official of the Jurisdiction Name: Richard L. Woodruff  
Title: City Manager  
Signature: [Handwritten Signature]  
Date: 08 08 -19

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or solidated Plan. clearly print the following information:)

ApplicantName: Trillium Health Resources

ProjectName: Trillium PSH #1

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Rocky Mount

Certifying Official of the Jurisdiction Name: \_\_\_\_\_

Title: Assistant City Manager

Signature: *Ratasha Hampton*

Date: 8/13/19

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

HUD FORM NO. 2000-17 (REV. 2/2000)

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

ApplicantName: Trillium Health Resources

ProjectName: Trillium PSH #2

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Rocky Mount

Certifying Official of the Jurisdiction Name: \_\_\_\_\_

Title: Assistant City Manager

Signature: Natasha Hampton

Date: 8/13/19

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

UNIVERSITY MICROFILMS INTERNATIONAL

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

ApplicantName: Trillium Health Resources

ProjectName: Trillium PSH #3

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Rocky Mount

Certifying Official of the Jurisdiction Name: \_\_\_\_\_

Title: Assistant City Manager

Signature: Rolach Hampton

Date: 8/13/19

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con (Type or consolidated Plan. clearly print the following information:)

ApplicantName: Trillium Health Resources

ProjectName: Trillium RRH

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Rocky Mount

Certifying Official of the Jurisdiction Name: \_\_\_\_\_

Title: ASSISTANT CITY MANAGER

Signature: *Rachel Hays*

Date: 8/13/19

# Determination of Certification Non-PHA

**General Information**

Organization Name: Union County Community Shelter

Mailing Address: 160 Meadow St, Monroe NC 28110

CEO Name and Phone #: Kathy Bragg 704-261-3499

Email Address of Executive Director : Kathy.bragg@unionshelter.org

Fiscal Year Beginning ( MM/YYYY ) : 07/2019 \_\_\_\_\_

Type of Plan for Review: Other Special Project \_\_\_\_\_

Annual Plan Only     Five Year and Annual Plan     5 Year Plan Only

ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
N/A	CDBG			
✓	Emergency Shelter Grant	DHHS	\$183,778	2019
N/A	HOME Funds			
N/A	IDA Funds			
N/A	HOPWA			
N/A	Tax Credit Financing			
N/A	Down Payment Assistance			

Is your agency a non-profit agency: YES

a) Year Started : 1993

b) Board Chair John Schooley

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
 The Union County Community Shelter provides food, emergency shelter and instruction to those individuals and families in need within our community. We promote a pathway to self-

sufficiency which includes income stabilization and permanent housing. We are funded by private donations, private grants, government grants, united way, and special event proceeds.

**Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

We provide a rapid rehousing program, which includes supportive services. Part of our staff team is a housing manager who works specifically with landlords to identify affordable housing opportunities that are shared with our community. Additionally, as part of our general agency advocacy efforts, we communicate the need for affordable housing to our community stakeholders via a variety of opportunities including speaking engagements, membership in THRIVE Union County, etc.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

We are applying for COC Rapid Rehousing Renewal Funds

**FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

We follow best practice guidelines as required by other funders, including ESG, on posting fair housing information in our shelter, discussing fair housing rules with participants and landlords, and have staff participate in fair housing trainings.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None known.

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
N/A	Infrastructure			



N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	Catalyst			
N/A	NSP 1 Funding			
N/A	NSP 3 Funding			
N/A	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

We have been awarded a final commitment letter from NCHFA to provide a \$700,000 loan with no interest / no premium for 30 years. These funds will be used to reimburse the agency for construction of our new facility. The capital project was completed in May 2019, and anticipate closing on the NCHFA loan in October 2019. The new facility will better allow our agency to meet the demand of emergency shelter for all population demographics in our community and provide ample space to administer rapid rehousing and supportive services programming. We have NOT received any of these funds to date.

### Emergency Solutions Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
✓	Homeless Prevention	\$4,000	2019	To UCCS from DHHS
✓	Operations	\$104,307	2019	To UCCS from DHHS
<b>check</b>	Supportive Services	\$75,471	2019	To UCCS from DHHS
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

ESG funding supports the vision to make homelessness rare, brief and non-recurring. We do this by meeting the demand for emergency shelter services for all demographics in our catchment area. Additionally, we provide supportive services while in shelter to assist with basic needs. We rapidly rehouse homeless participants with the goal for participants to be able to move from emergency shelter to permanent housing quickly. We provide supportive services via street outreach and post permanent housing placement to strengthen housing retention.

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.** N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>

\*Please attach 1 hardcopy of the plan to be reviewed\*

Union County Local Plan attached.

**Certification**

I, Kathy Bragg, CEO, certify that information reported in this form is accurate and true for the Union County Community Shelter on July 29, 2019

*Kathy Bragg*  
**Chief Executive Officer**

July 29, 2019  
**Date**

**Please mail the form back to:**

North Carolina Division of Community Assistance  
 Attn: Angela Williams, Division Administrative Assistant  
 100 E. Six Forks Road  
 4313 Mail Service Center  
 Raleigh, NC 27699-4313  
 (919) 571-4900

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Union County Community Shelter

Project Name: COC Rapid Rehousing UCCS

Location of the Project: 160 Meadow St., Monroe NC

Name of the Federal Program to which the applicant is applying: Continuum of Care Program - HUD

Name of Certifying Jurisdiction: Union County

Certifying Official of the Jurisdiction Name: Michelle Lancaster

Title: Deputy County Manager

Signature: Michelle Lancaster

Date: 7/29/19

## Determination of Certification Non-PHA

**General Information**

Organization Name: Vaya Health

Mailing Address: 200 Ridgefield Court, Suite 206 Asheville NC, 28806

Executive Director/CEO Name and Phone # 828-225-2785

Email Address of Executive Director : brian@vayahealth.com

Fiscal Year Beginning ( MM/YYYY ) : 7/1/2019

Type of Plan for Review: Other Special Project ( Enter Name) HUD Continuum of Care Homeless Assistance Program  
Annual Plan Only \_\_\_\_\_ Five Year and Annual Plan \_\_\_\_\_ 5 Year Plan Only \_\_\_\_\_ ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency \_\_\_\_\_ YES  X  NO

a) Year Started : \_\_\_\_\_

b) Board Chair \_\_\_\_\_

If not please describe type of agency: political subdivision of the state of NC

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
A whole-person health organization helping those with behavioral health and intellectual and developmental disabilities connect with the right providers on their journey toward healing, recovery and hope. Vaya Health administers state and federal funds.

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**Affordable Housing**

1) What is your agency currently doing to promote affordable housing?

Vaya Health provides information to members and stakeholders on affordable housing options and opportunities in their community. Vaya Health provides community resources on agency website: vayahealth.com. Vaya's Complex Care Dept. participates in county and state-wide initiatives and subcommittees to increase affordable housing efforts in Vaya's twenty-two county catchment area.

2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?

Permanent Supportive Housing Program - Rental Assistance

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**FAIR HOUSING**

1) How does your agency promote fair housing and ensure fair housing law is implemented?

Vaya Health provides education and material on fair housing to program participants, landlords and service providers. Vaya partners with NCHFA and Legal Aid of NC to provide fair housing trainings to community members and stakeholders. Vaya promotes reasonable accommodations and modifications when necessary for those served. Vaya ensures that program participants are educated on advocacy and grievance resources (local, state, and federal) at time of orientation, recertification, and as needed.

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2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

None

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3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

None

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**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other ( <i>please describe</i> )			

Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

N/A

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
DHHS-Division of MH/SU/IDD	\$61,650,244 - FY FY 19-20 Budget	Melissa Isaacs, Deputy Director of Finance
	Note - attachment, see caveat	Vicki Escudero, Financial Analyst Lead Division: Jay Dixon, Sheryl Plummer and Yvonne French

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Brian Ingraham (Executive Director) certify that information reported in this form is accurate and true for Vaya Health (agency name) on \_\_\_\_\_ (mm/dd/yyyy)

  
 Executive Director  
 LEO

8/12/19  
 Date

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

**Additional Funding Received from State Agencies**

**FY 19-20 Budgeted Funds from DHHS - Division of MH/SU/IDD**

Single Stream Funds	47,393,597
State 3-Way Funds	4,461,241
State Non-UCR Funds	1,081,633
State UCR Funds	422,100
Federal UCR Funds	2,837,702
Federal Non-UCR Funds	5,353,971
MDE and Forensic Eval Funding	50,000
IDD Council Grant	50,000
	<hr/>
Total Current Budget for FY 19-20	61,650,244 *
	<hr/> <hr/>

\* The numbers contained in the Vaya Health budget cannot be certified because they are dependent on the state budget. The Governor and the General Assembly have not yet agreed upon a state budget. Accordingly, Vaya Health budgets will likely be changed to accommodate changes in the final state budget.

Contact Person(s) at the Division: Jay Dixon, Sheryl Plummer and Yvonne French

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Vaya Health

Project Name: PSH Central Chronic and PSH Central Combo

Location of the Project: McDowell, Caldwell (including Lenoir), and Alexander Counties

Name of the Federal Program to which the applicant is applying: Housing and Urban Development

Name of Certifying Jurisdiction: City of Lenoir

Certifying Official of the Jurisdiction Name: Rick Oxford

Title: Community Development Administrator

Signature: 

Date: 7/22/19

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Vaya HealthProject Name: PSH Central Chronic and PSH Central ComboLocation of the Project: McDowell, Caldwell (including Lenoir), and Alexander CountiesName of the Federal  
Program to which the  
applicant is applying: Housing and Urban DevelopmentName of  
Certifying Jurisdiction: City of LenoirCertifying Official  
of the Jurisdiction  
Name: Rick OxfordTitle: Community Development AdministratorSignature: Date: 7/22/19