Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps   - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application.   - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

 - Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. -   CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.-   New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

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1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): NC-503 - North Carolina Balance of State CoC

CoC Lead Agency Name: NC Department of Health and Human Services

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.
This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: NC Balance of State Steering Committee

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members 56%
that represent the private sector:
(e.g., non-profit providers, homeless or
formerly homeless
persons, advocates and consumer interests)

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

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

Each regional committee of the NC Balance of State CoC elects a representative to serve on the Steering Committee. This process was established to provide broad geographic representation and to ensure each regional committee has an equal voice in the decision-making process.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

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

An agency designated by the Steering Committee, at the state level, would be able to be responsible for those activities if the administrative funds provided were sufficient for appropriate staffing and other associated expenses.

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

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
NC Balance of State Steering Committee	Coordinates statewide activities on homelessness across all agencies and jurisdictions in the Balance of State CoC area (79 out of 100 counties in the state)	Monthly or more
Permanent Supportive Housing Committee	Reviews APR data and educates about best practices to improve Permanent Supportive Housing performance	quarterly (once each quarter)
Transitional Housing Committee	Reviews APR data and educates about best practices to improve Transitional Housing performance	quarterly (once each quarter)
Review Criteria Committee	Determines criteria for reviewing project applications	semi-annually (twice a year)
Project Review and Ranking Committee	Reviews and ranks project applications	semi-annually (twice a year)

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

The Review Criteria Committee and the Project Review and Ranking Committee meet as often as needed in preparation of, during, and after the CoC application process.

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1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
NC Office of the Governor	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
NC Department of Health and Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
NC Housing Finance Agency	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
NC Vocational Rehabilitation	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
NC Cooperative Extension	Public Sector	Other	Committee/Sub-committee/Work Group	Youth
USDA/Rural Development	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Walter B. Jones ADATC	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
NC Senate	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
NC House of Representatives	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
City of Rocky Mount	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
NC Dept. of Juvenile Justice and Delinquency Pr...	Public Sector	State g...	Committee/Sub-committee/Work Group	Youth
NC Housing Coalition	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Pitt County Government	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
NC Dept. of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Office of State Budget and Management	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
CASA, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
NC Dept. of Public Instruction	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE

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NC DHHS Office of Economic Opportunity	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Homeless Representative (Sam M.)	Individual	Hom eles s	Committee/Sub-committee/Work Group	NONE
NC Coalition to End Homelessness	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
NC Council for Women / Domestic Violence Commis...	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
Office of the Secretary, NC DHHS	Public Sector	Stat e g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Private Sector Representative (Lane Sarver)	Private Sector	Othe r	Committee/Sub-committee/Work Group	NONE
NC Division of MH/DD/SAS	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	Seriousl y Me...
NC Community College System	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE
Housing Authority of Asheville	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
NC DHHS AIDS Care unit	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	HIV/AID S
NC Association of Community Development Corpora...	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
The Healing Place	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
NC Department of Commerce	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
NC Dept. of Labor	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
Women's Center of Wake County	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
NC Division of Prisons	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
NC Division of Social Services - Foster Care	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	Youth
NC Division of Social Services - Employment and...	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
NC DHHS - Division of Information & Resource Ma...	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
NC Sheriff's Association	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE

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Wake County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Triangle Disability Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
United Way of NC	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Kerr Tar Five County Mental Health	Public Sector	Other	Primary Decision Making Group, Lead agency for 10-year pl...	Seriousl y Me...
Safe Space (Kerr-Tar)	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Lifeline Outreach (Kerr-Tar)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Alliance Rehabilitation Care Adult ACTT (Kerr-Tar)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
ARC Men's House (Kerr-Tar)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
ARC - Women's House (Kerr-Tar)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
United Way of Vance County	Private Sector	Funder ...	Committee/Sub-committee/Work Group	Seriousl y Me...
Hannah's Place (Kerr-Tar)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Harbor House - Men (Kerr-Tar)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Su...
Harbor House - Women (Kerr-Tar)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Su...
Henderson Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth, Domes...
Franklin County School Liaison	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Vocational Rehabilitation Services (Kerr-Tar)	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans, Su...
Central Community Services (Kerr-Tar)	Private Sector	Other	Committee/Sub-committee/Work Group	Seriousl y Me...
Community Workforce Solutions (Kerr-Tar)	Public Sector	Local w...	Committee/Sub-committee/Work Group	Veterans, Su...
Kerr Tar Dept. of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

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Kerr Tar Council of Governments	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Youth Services (Kerr-Tar)	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
Franklin County Schools Homeless Council	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
VFW Opp., Inc. (Kerr-Tar)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriously Me...
First Baptist Church (Kerr-Tar)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Maria Parham Medical Center (Kerr-Tar)	Private Sector	Hospita.. .	Committee/Sub-committee/Work Group	NONE
Smoky Mountain Center	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Cherokee Reservation Housing Division and Commu...	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
NC Division of Community Assistance (Southwest)	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Mountain Projects (Southwest)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Jackson County Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Graham County Senior Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Mountain Youth Resources (Southwest)	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Youth, Subst...
Reach of Cherokee County	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
ARC of NC (Southwest)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Family Mental Health (Southwest)	Private Sector	Non-pro.. .	None	Seriously Me...
Friendship House Homeless Shelter (Southwest)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Haywood DSS	Public Sector	Local g...	None	NONE
Clay DSS	Public Sector	Local g...	None	NONE
Cherokee DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Jackson DSS	Public Sector	Local g...	None	NONE

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Macon DSS	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Swain DSS	Public Sector	Loca l g...	None	NONE
Graham DSS	Public Sector	Loca l g...	None	NONE
Four Square Community Action (Southwest)	Public Sector	Publi c ...	None	NONE
Haywood Christian Ministries	Private Sector	Faith -b...	None	NONE
Jackson United Christian Ministries	Private Sector	Faith -b...	None	NONE
Good Samaritan Clinic (Southwest)	Private Sector	Hos pita.. .	None	NONE
Salvation Army (Southwest)	Private Sector	Non- pro.. .	None	NONE
Jackson County Family Resource Center	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Employment Security Commission (Southwest)	Public Sector	Stat e g...	None	NONE
Legal Aid of WNC	Private Sector	Othe r	None	NONE
Community Table (Southwest)	Private Sector	Non- pro.. .	None	Seriousl y Me...
The Open Door (Southwest)	Private Sector	Non- pro.. .	None	NONE
Dept. of Vocational Rehab. Services (Southwest)	Public Sector	Stat e g...	None	NONE
Christian Love Ministries (Southwest)	Private Sector	Faith -b...	None	Substan ce Abuse
Southwest Community College	Public Sector	Sch ool ...	None	NONE
Southwestern Child Care Commission	Private Sector	Non- pro.. .	None	Youth
Southwest Reach of Haywood County	Private Sector	Non- pro.. .	None	Domesti c Vio...
Reach of Clay County	Private Sector	Non- pro.. .	None	Domesti c Vio...
Swain/Qualla SAFE	Private Sector	Non- pro.. .	None	Domesti c Vio...

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Hope for Families (Southwest)	Private Sector	Non-pro.. .	None	Domestic Vio...
Reach of Macon County	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
New Bern Police Dept.	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
Religious Community Services of New Bern	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Seriousl y Me...
Coastal Health Resources (Neuse)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
East Carolina Behavorial Health	Public Sector	Loca l g...	Primary Decision Making Group, Lead agency for 10-year pl...	Seriousl y Me...
PORT Human Services	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Neuse Dept. of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Coastal Community Action (Neuse)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Eastern Carolina Area Agency on Aging	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
NC Vocational Rehabilitation (Neuse)	Public Sector	Stat e g...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
North Carolina Independent Living (Neuse)	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
Neuse River CDC	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
City of New Bern	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
The ARC of NC (Neuse)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City of Washington Housing Authority	Public Sector	Publi c ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mideast Regional Housing Authority	Public Sector	Publi c ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Williamston Housing Authority	Public Sector	Publi c ...	None	NONE
Neuse Economic Improvement Council	Public Sector	Publi c ...	None	NONE
Carteret Section 8 Housing	Public Sector	Publi c ...	None	NONE
Twin Rivers Opportunities (Neuse)	Private Sector	Non-pro.. .	None	NONE

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City of New Bern Housing Authority	Public Sector	Public ...	None	NONE
Beaufort Community College	Public Sector	School ...	None	NONE
City of Washington Police Dept.	Public Sector	Law enf...	None	NONE
VJ Ministerial (Neuse)	Private Sector	Funder ...	None	Seriousl y Me...
Habitat for Humanity (Neuse)	Private Sector	Non-pro...	None	NONE
Beaufort County Development Center	Private Sector	Non-pro...	None	NONE
Martin Enterprises	Private Sector	Non-pro...	None	Seriousl y Me...
Roanoke Developmental Center	Private Sector	Non-pro...	None	Seriousl y Me...
Eagles Wings (Neuse)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Domes.. .
Zion Shelter (Neuse)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriousl y Me...
New Fellowship Soup Kitchen (Neuse)	Private Sector	Faith-b...	None	NONE
Salvation Army (Neuse)	Private Sector	Faith-b...	None	NONE
SANE (Neuse)	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
The Arc of Beaufort County	Private Sector	Non-pro...	None	NONE
Red Cross (Neuse)	Private Sector	Non-pro...	None	NONE
Friends of Families (Neuse)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes.. .
Beaufort-Hyde Community Developers	Private Sector	Non-pro...	None	NONE
Hope Village (Neuse)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Neuse Health Dept.	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE

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City of Greenville Planning Dept.	Public Sector	Loca l g...	Authoring agency for Consolidated Plan	NONE
Pitt County Planning Dept.	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Greenville Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	Veteran s
Farmville Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Greenville Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Pitt County Schools	Public Sector	Sch ool ...	Attend 10-year planning meetings during past 12 months	Youth
Vietnam Veterans of America (Ptt)	Private Sector	Non-pro.. .	None	Veteran s
Disabled American Veterans (Pitt)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Veteran s
Bridges of Hope (Pitt)	Private Sector	Busi ness es	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
ReStart, Inc. (Pitt)	Private Sector	Busi ness es	None	Seriousl y Me...
Vocational Rehabilitation (Pitt)	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Martin County Community Action	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of Pitt County	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
Independent Living Rehabilitation Program (Pitt)	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Habitat for Humanity (Pitt)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Salvation Army (Pitt)	Private Sector	Non-pro.. .	None	NONE
Family Violence Program (Pitt)	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
Flynn Christian Homes for Men (Pitt)	Private Sector	Non-pro.. .	None	Substan ce Abuse
Legal Aid of NC (Pitt)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s, Do...

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Greenville Community Shelter	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
Zoe House (Pitt)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Ayden United Methodist Church	Private Sector	Faith -b...	None	NONE
Bernstein Community Health Center (Pitt)	Private Sector	Non-pro.. .	None	NONE
Catholic Charities (Pitt)	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months	NONE
Pitt Dept. of Social Services Work First Employ...	Public Sector	Loca l g...	None	NONE
East Carolina University Psychiatry Outpatient ...	Public Sector	Sch ool ...	None	Seriousl y Me...
God's Love (Pitt)	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months	NONE
HOPE Station (Pitt)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
JOY Soup Kitchen (Pitt)	Private Sector	Faith -b...	None	NONE
Mental Health Association (Pitt)	Private Sector	Non-pro.. .	None	Seriousl y Me...
Pitt Area Transit System (PATS)	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Subst...
Pitt County AIDS Service Organization (PICASO)	Private Sector	Non-pro.. .	None	HIV/AID S
Pitt County Community Development	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Pitt County Dept. of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Pitt County Health Dept.	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months	NONE
Pitt County Memorial Hospital (Behavior Health ...	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	NONE
STRIVE North Carolina (Pitt)	Private Sector	Non-pro.. .	None	NONE
The Phildaelphia House (Pitt)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	HIV/AID S
The Village (Pitt)	Private Sector	Non-pro.. .	None	Substan ce Abuse

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Veteran's Outreach Center (Combat Veterans) - Pitt	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	Veteran s
Walter B. Jones Alcohol and Drug Abuse Treatmen...	Public Sector	Stat e g...	Attend 10-year planning meetings during past 12 months	Substan ce Abuse
Asheboro Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	HIV/AID S
Christian's United Outreach Center (Randolph)	Private Sector	Faith -b...	Primary Decision Making Group, Attend Consolidated Plan p...	Domesti c Vio...
East Side Improvement Association, Inc. (Randolph)	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	Veteran s
Greater St. John Baptist Church (Randolph)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Youth, Subst...
Habitat for Humanity (Randolph)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Latino Coalition of Randolph County	Private Sector	Non- pro.. .	Attend Consolidated Plan planning meetings during past 12...	Youth
Mental Health Association & Helpline in Randolph	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Randolph County Schools	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Randolph County Senior Adults Association, Inc.	Private Sector	Non- pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
Sandhills Center LME (Randolph)	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
United Way of Randolph County	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Joblink (Randolph)	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Veteran s, Su...
Therapeutic Alternatives, Inc. (Randolph)	Private Sector	Othe r	Committee/Sub-committee/Work Group	Youth, Serio...
Salvation Army (Randolph)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Family Crisis Center (Randolph)	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Youth, Domes.. .
Randolph County Dept. of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Youth
Asheboro Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth, Domes.. .
Habitat (Chatham)	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE

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Chatham Council on Aging	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Veteran s, Do...
Chatham Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Vocational Rehab/Independent Living (Chatham)	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
NCRCAP (Chatham)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Empowerment (Chatham)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Town of Siler City	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Economic Development Corporation (Chatham)	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Family Violence & Rape Crisis (Chatham)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
Cardinal Chase Apartments (Chatham)	Private Sector	Business es	Committee/Sub-committee/Work Group	NONE
Arc of NC (Chatham)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
NC DHHS (Chatham)	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
OPC Area Program (Chatham)	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Meeting Place (Burke)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substance Abuse
Olive Hill Community & Economic Development Cor...	Private Sector	Non-pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes.. .
Morganton Public Safety	Public Sector	Law enf...	None	NONE
Outreach Center (Burke)	Private Sector	Faith -b...	Primary Decision Making Group	NONE
Broughton Hospital (Burke)	Public Sector	Local g...	None	Seriously Me...
Burke Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Catawba Mental Health/Mental Health Partners	Private Sector	Other	None	Seriously Me...
House of Refuge (Burke)	Private Sector	Non-pro.. .	None	Veteran s, Su...

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Good Samaritan Clinic (Burke)	Private Sector	Non-pro...	None	HIV/AIDS
Options, Inc. (Burke)	Private Sector	Non-pro...	None	Domestic Vio...
Burke United Christan Ministries	Private Sector	Faith-b...	None	NONE
Uplift (Burke)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Flynn Christian Fellowship Home (Burke)	Private Sector	Non-pro...	None	Substance Abuse
McDowell Mission Ministries, Inc.	Private Sector	Faith-b...	None	Veterans, Su...
Shelter Home of Caldwell County, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Crossroads Behavioral Healthcare (Surry)	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Vocational Rehabilitation (Surry)	Public Sector	State g...	None	NONE
Surry County Health and Nutrition Center	Public Sector	Local g...	None	NONE
Office of Veteran's Affairs (Surry)	Public Sector	State g...	None	Veterans
Surry Community College	Public Sector	School...	Committee/Sub-committee/Work Group	NONE
Elkin Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Mt. Airy Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
The Ark (Surry)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
The Greater Mt. Airy Ministry of Hospitality (S...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Foothills Food Pantry (Surry)	Private Sector	Faith-b...	None	NONE
New River Behavioral Healthcare (Caldwell)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Tri-County Crisis Ministry (Surry)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Salvation Army (Surry)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

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Yokefellow (Surry)	Private Sector	Faith-b...	None	NONE
Dobson Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Wake Forest Baptist Medical Center (Surry)	Private Sector	Hospita...	None	NONE
ASAP (Surry)	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Hugh Chatham Hospital (Surry)	Private Sector	Hospita...	None	NONE
Legal Aid of North Carolina (Surry)	Private Sector	Non-pro...	None	Seriously Me...
Employment Security Commission (Surry)	Public Sector	State g...	None	NONE
Joblink Career Center (Surry)	Private Sector	Non-pro...	None	NONE
Tri-County Health Resource Center (Surry)	Private Sector	Non-pro...	None	NONE
Surry Medical Ministry	Private Sector	Non-pro...	None	NONE
Surry Homeless and Affordable Housing Coalition	Private Sector	Non-pro...	None	Seriously Me...
DSHH (Iredell)	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Iredell DSS	Public Sector	Local g...	Authoring agency for Consolidated Plan	Seriously Me...
Iredell Health Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
5th St. Shelter (Iredell)	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
New River (Iredell)	Private Sector	Non-pro...	None	Seriously Me...
New Beginnings Chuch (Rockingham)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Hands of God (Rockingham)	Private Sector	Non-pro...	None	NONE
Hampton Heights Baptist Church (Rockingham)	Private Sector	Faith-b...	None	NONE
Stoneville Police Dpt.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE

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Madison Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Reidsville Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Rockingham Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Domestic Vio...
Remmsco Men (Rockingham)	Private Sector	Non-pro...	None	NONE
Remmsco Women (Rockingham)	Private Sector	Non-pro...	None	NONE
Rockingham County Mental Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Vocational Rehab - Rockingham	Public Sector	State g...	None	NONE
Rockingham Council on Aging	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Veteran's Service Organization (Rockingham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
Joy A. Shabazz Center - Rockingham	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Home Savings Bank (Rockingham)	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Rockingham County Help for Homeless	Private Sector	Non-pro...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Seriously Me...
New Reidsville Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Seriously Me...
Rockingham DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Se...
Salvation Army (Rockingham County)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Rockingham County Caregivers	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity - Rockingham	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Help, Inc. (Rockingham)	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Goodwill Community Resource Center (Rockingham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Red Cross (Rockingham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

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Business Disability Advocate (Rockingham)	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Joblink (Rockingham)	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Rockingham County Dept. of Public Health	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Rockingham County Commissioners	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Rockingham Community College	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE
Business Insurance Agency (Rockingham)	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Mayor of Eden	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Stoneville Town Council	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Reidsville Outreach	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Tim Bradshaw Business (Rockingham)	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Alamance Dept. of Social Services	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Serio...
City of Burlington	Public Sector	Loca l g...	Lead agency for 10-year plan	NONE
May Memorial Library (Alamance)	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Vocational Rehabilitation (Alamance)	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
Burlington Housing Authority	Public Sector	Publi c ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Graham Housing Authority	Public Sector	Publi c ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Alamance-Burlington School System	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Alamance Community College	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE
Burlington Police Department	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes.. .
Employment Security Commission (Alamance)	Public Sector	Stat e g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Women's Resource Center (Alamance)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...

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Habitat for Humanity (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Family Abuse Services (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Allied Churches Drop In Center (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Se...
The Arc of NC (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Alamance County Community Services Agency	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Residential Treatment Services (Alamance)	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Allied Churches of Alamance County	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans, Su...
Ebenezer United Church of Christ (Alamance)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
United Way of Alamance County	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Psychotherapeutic Services (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Alamance LME	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Piedmont Behavorial Healthcare	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Stanly County DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Davidson County DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Rowan County DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Union County DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Cabarrus County DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Kannapolis	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Concord	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Cabarrus County	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Concord PHA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE

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Lexington PHA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
City of Albemarle PHA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
City of Salisbury PHA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Rowan County PHA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Thomasville PHA	Public Sector	Public ...	None	NONE
East Spencer PHA	Public Sector	Public ...	None	NONE
Stanly County Schools	Public Sector	School ...	None	Youth
Kannapolis City Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Rowan Cabarrus Community College	Public Sector	School ...	None	NONE
Lexington City Schools	Public Sector	School ...	None	Youth
Union School District	Public Sector	School ...	None	Youth
Cabarrus County Schools	Public Sector	School ...	None	Youth
Stanly Community College	Public Sector	School ...	None	Youth
Davidson County School District	Public Sector	School ...	None	Youth
Salisbury Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Cabarrus County Sheriff	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Concord Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Kannapolis Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Lexington Police	Public Sector	Law enf...	None	NONE
Stanly County Sheriff	Public Sector	Law enf...	None	NONE
Albemarle Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE

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Union County Sheriff	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Monroe Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
JobLink (Piedmont)	Public Sector	Local w...	None	NONE
National Black Veterans (Piedmont)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
National Alliance for Mentally Ill (Piedmont)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Davidson County Community Action	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
Habitat Cabarrus	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
ARC (Piedmont)	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
MHA of Central Carolinas (Piedmont)	Private Sector	Funder ...	Committee/Sub-committee/Work Group	Seriously Me...
Community Family Advisory Council (Piedmont)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Partnership for Children (Piedmont)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Lexington Housing CDC	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Monroe-Union CDC	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Salisbury CDC	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Turning Point (Piedmont)	Private Sector	Non-pro...	None	Domestic Vio...
Prosperity Unlimited (Piedmont)	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Piedmont Regional HIV/AIDS Consortium	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
Love Center for Community Enhancement (Piedmont)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans, Su...
Rowan Helping Ministries	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Su...

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Rowan Crisis Council	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
Habitat Lexington	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Habitat Thomasville	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Cabarrus Cooperative Christian Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Prosperitiy Ministry (Piedmont)	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Davidson Crisis Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Higher Level Mission (Piedmont)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
United Way (Piedmont)	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Youth/Adult Managed Care (Piedmont)	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Day Mark Recovery Services (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriously Me...
Wachovia Bank (Piedmont)	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Rowan Regional Medical Center	Private Sector	Businesses	None	NONE
Rowan Health Dept.	Public Sector	Local g...	None	NONE
Union Health Dept.	Public Sector	Local g...	None	NONE
Community Free Clinic (Piedmont)	Private Sector	Non-pro.. .	None	NONE
Stanly Health Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Davidson County Health Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Cabarrus County Health Dept.	Public Sector	Local g...	None	NONE
Davidson Medical Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Path of Hope, Inc. (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substance Abuse
Monarch (Piedmont)	Private Sector	Non-pro.. .	None	Youth, Serio...

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RHA Health Services (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Veteran s, Se...
Homes of Hope, Inc. (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Community Link (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Veteran s, Do...
Family Services of Davidson County, Inc.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
Stanly County Crisis Council	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
Cabarrus County CVAN	Private Sector	Non-pro.. .	None	Domesti c Vio...
Union County Community Shelter	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Veteran s, Su...
Davidson Cooperative Community Ministry	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Elizabeth City (Albemarle)	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Pasquotank County	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Pasquotank DSS	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Elizabeth City Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Elizabeth City State University	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE
Elizabeth City / Pasquotank Public School System	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Elizabeth City Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Pasquotank Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Albemarle Area United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Albemarle Hopeline	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Albemarle Red Cross	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE

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Disabled American Veterans (Albemarle)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
Faith Tabernacle Shelter (Albemarle)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Food Bank of the Albemarle	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
New Beginnings Shelter (Albemarle)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Northeastern Community Development Corporation ...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
River City Community Development Corporation (A...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Wesley Hospitality House (Albemarle)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Good Shepherd Lutheran Church (Albemarle)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Salvation Army (Albemarle)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Albemarle Health Systems	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Albmarle Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
NC Coop. Extension Service (Albemarle)	Public Sector	State g...	None	NONE
City of Rocky Mount	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans, Youth
Nash County Dept. of Social Services	Public Sector	Local g...	None	Youth
Edgecombe County Dept. of Social Services	Public Sector	Local g...	None	Youth, Domes...
Edgecomber County Planning Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Nash County Planning Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Nash/Rocky Mount Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Upper Coastal Plain Council of Governments (Twi...	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Veterans Service Office (Twin Counties)	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans

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Nash-Edgecombe Mental Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Rocky Mount Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Rocky Mount Police Dept.	Public Sector	Law enf...	None	Youth, Domes...
My Sister's House (Twin County)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Rocky Mount Edgecombe CDC	Private Sector	Non-pro..	None	Veterans
Christian Fellowship Home of Nash-Edgecombe Cou...	Private Sector	Non-pro..	None	Seriously Me...
United Community Ministries (Twin Counties)	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Subst...
Nash-Edgecombe Economic Development, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (Twin County)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
PACC-OIC (Twin County)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
The Wright Center (Twin County)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, Se...
Tri-County Industries (Twin Counties)	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Bethesda House/Fellowship of Christ Church (Twi...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
First Baptist Church (Twin County)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Rocky Mount United Way	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Rocky Mount Area Chamber of Commerce	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
RBC Centura (Twin Counties)	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Eastern Carolina Mediation (Twin Counties)	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE

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Tarboro Community Outreach	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substance Abuse
Legal Aid (Twin County)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Coastal Plain Hospital and Counseling Center (T...	Private Sector	Hospita.. .	Committee/Sub-committee/Work Group	Seriously Me...
Nash County Health Dept.	Public Sector	Local g...	None	NONE
Nash Community College	Public Sector	School ...	None	NONE
Edgecombe Community College	Public Sector	School ...	None	NONE
Down East Partnership for Children (Twin County)	Private Sector	Non-pro.. .	None	Youth
Single Women in Ministry (Twin County)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
Agricultural Extension Dept. (Twin County)	Public Sector	Local g...	None	NONE
YMCA (Twin County)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth
Family Resource Centers (Twin County)	Private Sector	Non-pro.. .	None	NONE
Oxford House (Twin County)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Veterans, Su...
City of Jacksonville	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Onslow-Carteret BHS	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Onslow Memorial Hospital	Private Sector	Hospita.. .	Committee/Sub-committee/Work Group	NONE
Onslow Board of Education	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Onslow County Health Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Onslow County Part/Children	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth
Onslow OUTS (transit)	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

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Onslow Women's Center	Private Sector	Non-pro...	None	Domestic Vio...
Salvation Army (Onslow)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Second Chance Mission (Onslow)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
United Way of Onslow County	Private Sector	Non-pro...	None	NONE
Onslow Community Ministries	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, HI...
Positive Wellness Alliance (Piedmont)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
Habitat Stanly	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Down East Council on Hispanic and Latino Affairs	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
ARC of NC (Beaufort and Craven)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Triad Therapy Mental Health Center, LLC	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Homeless Coalition of Onslow	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Se...
Easter Seals UPC (Surry)	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Caregivers of Rockingham County, Inc.	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Mount Airy Habitat for Humanity	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Pilot Mountain Outreach Ministry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Surry Housing Consortium	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Safe Haven of Person County	Private Sector	Non-pro...	None	Domestic Vio...
Wilson County Interfaith Services, Inc.	Private Sector	Non-pro...	None	Veterans, Su...

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ARC of Cherokee/Clay Counties	Private Sector	Non-pro.. .	None	NONE
Jackson County Public Transit	Public Sector	Loca l g...	None	NONE
Swain Public Transit	Public Sector	Loca l g...	None	NONE
Clay County Transportation	Public Sector	Loca l g...	None	NONE
Cherokee County Transit	Public Sector	Loca l g...	None	NONE
Unifour Organizing Coalition	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Youth
Person County Re-entry Partnership	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth, Subst...
Freedom House Recovery Center	Private Sector	Non-pro.. .	None	Seriousl y Me...
Randolph County Joblink	Private Sector	Non-pro.. .	None	Youth, Veteran s
Burlington Development Corporation	Private Sector	Non-pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Real Crisis, Inc.	Private Sector	Non-pro.. .	None	NONE
United Christian Ministries of Jackson County	Private Sector	Non-pro.. .	None	NONE
City of Greenville Community Development	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Crisis Ministry of Davidson Co.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Veteran s, Se...
Diakonos	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Eastern Catawba Cooperative Christian Ministry	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Catawba County Dept. of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Youth
Catawba Valley Community College	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth, Domes.. .
Safe Harbor Rescue Mission, Inc.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...

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Hurlburt Johnson Friendship House Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
ALFA	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AID S
City of Morganton	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Catawba County United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Helping Hands Clinic	Private Sector	Non-pro...	None	Substan ce Abuse
Family Care Center of Catawba Valley, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domesti c Vio...
American Indian Mothers Inc.	Private Sector	Non-pro...	Primary Decision Making Group	Domesti c Vio...
Cooperative Christian Ministry	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
ARC of Union County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
New River Behavorial Health (Surry)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Eastpointe Human Services	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Smoky Mountain Center--Central Region (Alexander)	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
McDowell County Dept. of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Domesti c Vio...
ACTT Team, the ARC, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Adopt-A-Squad, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veteran s
ADTS of Rockingham County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Alamance County Interagency Council for Homeles...	Public Sector	Othe r	Primary Decision Making Group, Lead agency for 10-year pl...	Seriousl y Me...
Alamance-Caswell Local Management Entity	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Annie Penn Hospital	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
Anson County Department of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE

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ARMM	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
BEARS, Inc.	Private Sector	Other	Committee/Sub-committee/Work Group	Seriously Me...
Brite Smilz Family & Community Connections, LLC	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Burke County Department of Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes...
Burke County Planning and Development	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Burke County Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Caldwell County DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group	Domestic Vio...
Carolina Homeless Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Catawba Behavioral Healthcare	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Center Point Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, Serio...
Certain Hope Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Chatham County	Public Sector	Local g...	Committee/Sub-committee/Work Group	Domestic Vio...
Christians United Outreach Center	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Charles Pruitt	Individual	Formerl...	Committee/Sub-committee/Work Group	NONE
Lalisa Pruitt	Individual	Formerl...	Committee/Sub-committee/Work Group	NONE
City of Greenville	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Reidsville	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Washington	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Community Development, City of Rocky Mount	Public Sector	Local g...	Lead agency for 10-year plan	Substance Ab...
Community Link, Programs of Travelers Aid	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Laura Chambers	Individual	Other	Committee/Sub-committee/Work Group	NONE

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Community Service Network, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
Community Service Work Program	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth, Subst...
Ruby Ashbury	Individual	Other	Committee/Sub-committee/Work Group	NONE
Onslow DSS	Public Sector	Local g...	None	Youth, HIV/AIDS
Disability Rights and Resources	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Se...
Disabled Veterans	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
Disabled American Veterans Chapter 16	Private Sector	Non-pro...	None	Veterans
Eastside Homes, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Su...
Esther's House of Miracles	Private Sector	Businesses	Committee/Sub-committee/Work Group	Youth, Subst...
Families First, Inc.	Private Sector	Non-pro...	None	Domestic Vio...
Family Promise of Moore County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Flynn Christian Fellowship Home	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Friend to Friend	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Goodwill Industries Community Resource Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
Granville County Schools	Public Sector	School...	Committee/Sub-committee/Work Group	Youth
Greater Hickory CCM	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
Greater Mountain Airy Area Habitat for Humanity	Private Sector	Faith-b...	None	Youth
Greenville Housing Development Corp.	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	Veterans, HI...
Habitat for Humanity (Iredell)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Do...

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Hamlet Dream Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriousl y Me...
Head Start (Rockingham)	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Healthy Carolinians of Macon County	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Independent Living Rehab Program (Nash, Halifax...	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	Veteran s, HI...
Bobby Martin	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Invincible Community Based Services, LLC	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
J-Jireh Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Beacon Center	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Kwanzaa Family Inn	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Lake Area Counseling, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veteran s, Su...
Macon Program for Progress	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Madison Community Alternatives	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Madison Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Madison Public Works	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Mental Health Partners (Burke/Catawba)	Public Sector	Loca l g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Moore County DSS	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Moore County Planning Department	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Carl Estus	Individual	Othe r	None	NONE
National Caucus and Center on Black Aged, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veteran s
NC Rural Communities Assistance Project, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
New River Behavorial Health (McDowell)	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Seriousl y Me...

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NG Family Center	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans
Tamara Veit	Individual	Other	Committee/Sub-committee/Work Group	NONE
NC Independent Living Program	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Northeast Coalition to End Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Onslow Community Outreach	Private Sector	Non-pro..	None	Veterans
Onslow County Schools	Public Sector	School ...	None	Youth
Onslow Homeless Coalition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Pelham Transportation	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Phoenix Assist Advocacy	Individual	Formerl...	Committee/Sub-committee/Work Group	Seriously Me...
Pierced Ministries and Rehab Services	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Project SAFE Alamance	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Randleman Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Randolph County Family Crisis Center	Public Sector	Other	Committee/Sub-committee/Work Group	Domestic Vio...
Randolph County Job Link Career Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, Youth
Recovery Innovations (Pitt)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Redirections	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
REFORM	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Subst...
Reidsville Area Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Reidsville Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Reidsville Human Relations Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

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Richmond County Schools	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Roanoke Rapids Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Rockingham County	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Rockingham County Healthy Carolinas	Public Sector	Loca l g...	None	Youth
Rockingham County JobLink Career Center	Public Sector	Stat e g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Youth
Rockingham County Public Schools	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Rockingham Friendship Center	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Safe Harbor Rescue Mission	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Substan ce Abuse
Salvation Army (Rockingham)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Veteran s, Youth
Salvation Army (Catawba)	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	Veteran s, Youth
Sandhills Community Action Program Inc	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
Sandhills Moore Coalition for Human Care	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
John Pierce	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
SHAHC	Private Sector	Non- pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Sipe's Orchard Home	Private Sector	Non- pro.. .	None	Youth
Solid Foundations	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	Seriousl y Me...
Southern Pines Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Tabernacle of Faith Community Outreach Center	Private Sector	Non- pro.. .	None	Substan ce Ab...
Teens Destined to Succeed	Private Sector	Non- pro.. .	Attend Consolidated Plan planning meetings during past 12...	Youth
The Arc of Moore County	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE

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The Arc of NC (statewide)	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
The Arc of NC (Halifax, Granville, Warren, Vanc...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
The Arc of NC (Cabarrus, Davidson, Rowan, Stanl...	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Theraputic Community Resources	Private Sector	Business es	None	Youth, Serio...
Triumph	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
U.S. Department of Housing and Urban Developmen...	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
United Way of Richmond County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
United Way Tar River Region (Nash, Edgecombe)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Veterans Transitional Housing	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veteran s
Vocational Rehabilitation (Franklin, Warren)	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Wesley Hospitality House	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veteran s, Su...
Wesley Shelter Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domesti c Vio...
Zion Baptist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domesti c Vio...
Eastpointe Consumer and Family Advocacy Committee	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Duplin County Department of Social Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Domesti c Vio...
Sarah's Refuge, Inc.	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
City of Goldsboro	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Carolina Residential Services	Private Sector	Business es	Committee/Sub-committee/Work Group	NONE
Wayne County Public Schools	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth

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Greenville IL	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Gloria McDuffie	Individual	Other	None	NONE
Wayne County Health Department	Public Sector	Local g...	None	Youth, Domes...
Todd Dalton	Individual	Other	Committee/Sub-committee/Work Group	NONE
Concord First Assembly	Private Sector	Faith-b...	None	Youth, Subst...
RHA Health Services (Rowan, Davidson, Cabarrus,...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
The Rape, Child & Family Abuse Crisis Council o...	Private Sector	Non-pro...	None	Domestic Vio...
Angel Cops	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Bridges of Hope, Inc.	Private Sector	Businesses	Primary Decision Making Group	Seriously Me...
Center for Family Violence Prevention	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Christ Centered Recovery Program Ministry	Private Sector	Faith-b...	None	Veterans, Su...
City of Statesville	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Covenant Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
Faith House	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Greenville Community Affordable Housing Coalition	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Mid-East Regional Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Ordered Steps	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
Purpose of God Outreach Center	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Youth, Subst...
St. Timothy's Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Streets to Homes	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Washington Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE

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Wilson County Dept. of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Youth, Subst...

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No
If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):	

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

The emergency shelter bed inventory increased because several programs added overflow beds to their existing inventory to accommodate increased client volume. In addition, two seasonal shelters and four hotel voucher programs have begun operation since the 2010 PIT Count in response to community need.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

The HPRP bed inventory increased because more people were being served in rapid re-housing beds in 2011 than in 2010. This is attributable to increased provider capacity and experience in administering HPRP programs.

Safe Haven: Not Applicable

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

There are no Safe Haven beds in the 2011 inventory, and there were none last year.

Transitional Housing: Yes

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

Since the 2010 Point-in-Time Count, four new TH programs were opened by faith-based or nonprofit agencies. In addition, the 2011 inventory includes one VA HCHV program that was not included in prior HICs.

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Permanent Housing: Yes

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

The permanent housing bed inventory increased because new units of permanent housing were developed, including beds for chronically homeless persons.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

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1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011?   Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply)   HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)   Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply):   HUD unmet need formula, Provider opinion through discussion or survey forms

Specify "other" data types:

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

The HUD unmet need formula was used to determine the basic amount of unmet need. The final unmet need was adjusted using provider opinion to ensure that it captures the actual need in our regions. The unmet need for emergency shelter and transitional housing reflects the fact that a number of geographic areas of the state still do not have any kind of shelter at all, while in other areas, the available shelter and transitional housing may be designated for specific needs (many for domestic violence). While the CoC showed an unmet need for shelter and transitional housing, the Balance of State would have rather been able to list an unmet need for rapid re-housing. Permanent supportive housing is a need in all geographic areas.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

 For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-504 - Greensboro/High Point CoC, NC-513 - Chapel Hill/Orange County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina CoC, NC-500 - Winston Salem/Forsyth County CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	05/01/2006
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, Inadequate bed coverage for AHAR participation, Poor data quality, No or low participation by non-HUD funded providers, Inadequate resources

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

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

We are working to improve data quality & bed coverage. We are improving data quality through standardized & customized reporting, end user certification & refresher training, and focused technical assistance. The Carolina Homeless Information Network (CHIN) produces a monthly data quality report. In addition to standard reports and support, CHIN has developed a Healthy Indicators tool. We struggle most with coverage in our small, rural programs. Most of the agencies who do not receive McKinney-Vento funding are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Without the requirement to participate for funding, these agencies are resistant to put financial or volunteer hours into HMIS. We will continue to educate these facilities about statewide and program benefits of HMIS. We are also exploring regional staff to assist with data entry for these agencies in order to compensate for inadequate resources.

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

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

Organization Name	North Carolina Housing Coalition
Street Address 1	118 St. Mary's Street
Street Address 2	
City	Raleigh
State	North Carolina
Zip Code Format: xxxxx or xxxxx-xxxx	27605
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	51-64%
* Permanent Housing (PH) Beds	76-85%

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

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

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The CoC's Carolina Homeless Information Network (CHIN) staff are working with individual regional committees and agencies to provide training and specific technical assistance and support to assist agencies in entering their beds into the inventory. The NC Balance of State CoC Steering Committee has increased the scoring incentives for HMIS participation for project applicants in CoC competitions. The NC BoS Permanent Housing and Transitional Housing Committees review and will continue to review progress of existing grantees closely in their quarterly performance reviews. The CoC will use an HMIS Review Committee to review HMIS data quality, identify agencies in need of technical assistance, and engage agencies that are not currently using HMIS.

Our Transitional Housing Bed Coverage is low largely due to the number of small programs in our region that do not receive McKinney-Vento funding. Of the 36 agencies that do not use HMIS, 28 (78%) have 15 or fewer beds, including 16 (44%) with 10 or fewer beds. Many of them are volunteer run and do not have staff or other necessary resources or capacity to participate in HMIS. Without the requirement to participate in HMIS for funding, these agencies are resistant to put financial or volunteer hours into a computer system that tracks information that many of them are not tracking for their programs. We plan to continue to educate these facilities about the statewide benefits of HMIS and how HMIS data can impact the households they are assisting. We will also explore strategies such as regional staff who can assist with data entry for these agencies in order to effectively compensate for resources that they do not have.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	7%
* Date of Birth	1%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	1%	0%
* Disabling Condition	4%	0%
* Residence Prior to Program Entry	1%	0%
* Zip Code of Last Permanent Address	1%	11%
* Name	0%	0%

How frequently does the CoC review the quality of program level data?   At least Monthly

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

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

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

A commitment to accurate data entry, including program entry and exit dates, begins when agencies sign their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly cover all HUD required data elements. Agencies and end users are reminded of the policies again during certification training. Program entry and exit dates are covered specifically in all training materials.

Program enrollment figures are included as elements on CHIN's monthly Data Quality Reports. CHIN staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)	2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)	2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts: Never

Point-in-time count of sheltered persons: At least Semi-annually

Point-in-time count of unsheltered persons: Never

Measuring the performance of participating housing and service providers: At least Semi-annually

Using data for program management: At least Annually

Integration of HMIS data with data from mainstream resources: Never

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 09/12/2011

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

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2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* **Privacy/Ethics training**	At least Monthly
* **Data Security training**	At least Monthly
* **Data Quality training**	At least Monthly
* **Using Data Locally**	At least Quarterly
* **Using HMIS data for assessing program performance**	At least Semi-annually
* **Basic computer skills training**	Never
* **HMIS software training**	At least Monthly

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

*Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2012

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Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The BoS CoC saw a 4% increase in its sheltered homeless population and a 5% increase in its unsheltered homeless population. The change in the sheltered population can be partly attributed to an increase in bed inventory. The CoC added ten programs since the 2010 PIT Count, and several shelters added overflow beds to their inventory. These new beds resulted in more persons being included in the sheltered count. The continuing economic recession has also impacted the CoC's homeless population. Providers report that more people are entering shelters or transitional housing after having lost their jobs and exhausted their resources. The lack of job opportunities, especially in rural areas where traditional industries have disappeared, prevents people from regaining self-sufficiency and exiting the homeless system. While the CoC makes every effort to link homeless persons to mainstream resources for which they are eligible, lack of employment is still a significant barrier. The increase in the unsheltered population is partly due to increased participation in the count; in 2011, four new communities conducted unsheltered counts, resulting in broader geographic coverage. In addition, improved counting methods led to more unsheltered persons being identified; communities report each year that they canvass more areas, target more known locations, and engage more agencies for services-based counts, which all increase the number of unsheltered homeless persons counted.

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2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):

The NC Interagency Council for Coordinating Homeless Programs (NC ICCHP) determined the date for the statewide point in time count (January 26, 2011). The NC Coalition to End Homelessness (NCCEH) staff provided training and technical assistance to agencies in the CoC to prepare them for the count and provided follow-up. The HUD Guide for Counting Sheltered People was utilized, as well as assistance from HUD TA Providers. Agencies used HMIS, other administrative records, and client surveys to determine the number and subpopulation type of clients sheltered on January 26, 2011. Many agencies were able to use HMIS to obtain their data or to verify their counts. NCCEH collected PIT surveys that included the numbers of sheltered homeless and Housing Inventory information for all participating agencies in the Balance of State CoC. BoS CoC leadership then compared the manual PIT results to the HMIS PIT report to ensure data quality and used this information to strengthen our HMIS use.

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2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

 The definition of chronically homeless persons is an unaccompanied invidldual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

 For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

 Administrative records were used to report clients' subpopulation information.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

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Agencies used HMIS data, other administrative records, and client demographic & needs surveys to determine the number and subpopulation type of clients sheltered on January 26, 2011. The client demographic & needs survey was designed with HUD TA provider assistance. Many agencies were able to use HMIS to obtain or verify their subpopulation data. The NC Coalition to End Homelessness (NCCEH) collected PIT Count forms with subpopulation data from all participating agencies in the Balance of State CoC.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to verify the data quality of sheltered homeless persons:
(select all that apply)

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

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

Only agencies that have beds were asked to report for the sheltered count. During service-based counts, if surveyors interviewed homeless households that were sheltered on the night of the count, the household was only reported by the agency that provided shelter.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

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The NC Coalition to End Homelessness (NCCEH) staff provided training and technical assistance to agencies in the CoC to prepare them for the count. The HUD Guide to Counting Sheltered People was utilized, and assistance from HUD TA providers was shared with CoC agencies. NCCEH staff included instructions and definitions of terms on the PIT Count forms that agencies used to report sheltered homeless persons. Agencies used HMIS data, other administrative records, and client surveys to determine the number and subpopulation type of sheltered clients. Many agencies used HMIS to obtain their data or to verify their counts. NCCEH collected PIT Count forms that included population and subpopulation data from all participating agencies in the CoC. NCCEH staff systematically followed up with all agencies that did not submit timely PIT Count forms to ensure the maximum response rate. NCCEH staff also verified reported data with agency staff and compared the manual PIT counts to HMIS data to ensure accuracy.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons:
(select all that apply)

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

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

Training and technical assistance were provided to CoC communities by the NC Coalition to End Homelessness (NCCEH). HUD's Guide to Counting Unsheltered People and assistance from HUD TA providers were used in this training. On the night of January 26, 2011, communities conducted street counts that both canvassed designated areas and targeted locations unsheltered homeless persons are known to congregate. These counts incorporated agency staff, outreach teams, volunteers, and local law enforcement. Communities defined the geographic areas in which street counts took place to avoid multiple counts in the same area. On January 27, communities also conducted services-based counts at soup kitchens, day centers, DSS offices, and other locations unsheltered homeless persons receive services. Homeless persons were asked where they had slept the night before and were only counted if they reported sleeping in an area not meant for human habitation. During both the street and services-based counts, client surveys were used to collect accurate data from persons being counted. Homeless persons were asked if they had previously been interviewed and, if they had, were not re-counted. Surveys also included the first two letters of the person's first and last names, birthday, and gender to assist communities with de-duplication when calculating their region's total count.

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2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count:
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
"Blitz" Count:	X
Unique Identifier:	X
Survey Question:	X
Enumerator Observation:	
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

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Training and technical assistance were provided to CoC agencies by the NC Coalition to End Homelessness. HUD's Guide to Counting Unsheltered People and assistance from HUD's TA Providers were used. Persons conducting the count were careful to define specific geographic areas in which to count to avoid multiple counts in a common area. Then, homeless persons being interviewed were specifically asked if they had previously been interviewed, and if so, were not re-counted. Local regions printed their surveys on brightly colored paper to be easily recognizable; homeless persons were asked if they'd completed the survey before. Surveys also included the first two letters of the person's first and last names, birthday, and gender to assist staff and volunteers with de-duplication when compiling their region's total count.

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

The NC Balance of State CoC works through agencies, schools, community partnerships, and volunteers to engage and assist unsheltered homeless households with dependent children. The CoC includes state and local public school system representatives, and agencies providing housing and services partner with their school systems to identify and assist unsheltered households with dependent children. During the Point-in Time-Count, persons conducting interviews provide outreach and referrals. In addition, many agencies and faith-based groups provide ongoing outreach efforts to engage and assist unsheltered households with dependent children. Once households are being assisted, agencies provide case management, counseling, and advocacy either directly or through partner agencies (including the school systems) to prevent a return to homelessness. As of October 2009, HPRP is being used to target and assist these households.

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

The NC Balance of State CoC has numerous agencies and faith-based groups that provide street outreach on an ongoing basis to identify and engage unsheltered persons. These programs include PATH teams, ACTT teams, local DSS branches, and outreach teams from rescue missions, shelters, and nonprofit agencies. In addition, a strong outreach effort is undertaken during the Point-in-Time Count, in which persons performing the count seek out and attempt to engage unsheltered persons. Communities partner with law enforcement agencies to locate the greatest possible number of unsheltered homeless persons, and those located are provided information about housing programs and services for which they are eligible.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

How many permanent housing beds are currently in place for chronically homeless persons? 142

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 157

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 168

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 179

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

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Our CoC is aligning with the Federal Strategic Plan and has made ending chronic homelessness a top priority. Our CoC is applying for new funding to create additional PH beds for the chronically homeless in this year's competition; projects that proposed serving the chronically homeless and veterans were awarded additional points during our project review. Member agencies are learning more about Housing First practices in order to repurpose existing beds to serve the chronically homeless. CoC leadership is providing technical assistance and training to BoS communities, guiding them through opportunities to create or repurpose beds to serve the chronically homeless including setting Housing Authority preferences. HPRP providers are being trained to partner with Housing Authorities to secure long-term rental assistance for this higher-need population, while utilizing HPRP assistance to prevent homelessness or rapidly re-house households before they are homeless for a long period of time.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

We will continue to seek federal, state & local funding to create new beds & will work with programs to repurpose existing beds for CH. Our Governor's Office works with us through the NC ICCHP to collaborate and implement policies aimed at ending homelessness, and the state's Consolidated Plan provides additional PSH funds using HOME & NC Housing Trust Fund. We are redesigning our system with HPRP dollars to prevent homelessness and to rapidly re-house households in order to reduce CH. Our CoC leadership is advocating for disabled homeless to be included in the current DOJ settlement for Olmstead infractions. We hope to obtain rental assistance & needed services through this settlement. CoC leadership has secured commitment from the State for conducting a Medicaid crosswalk to allow community agencies to provide tenancy supports that would be billable through Medicaid. The ability to provide these services will allow us to target existing housing resources to the chronically homeless.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 86

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 87

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 88

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 89

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

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We saw an improvement in our performance this year and will strengthen our performance further by continuing to collect APR data from all existing grantees and convening a Permanent Supportive Housing subcommittee at least quarterly to review that data. The subcommittee will also recommend needed technical support or assistance, sponsored by the NC Council for Coordinating Homeless Programs (NC ICCHP) and provided by the North Carolina Coalition to End Homelessness (NCCEH), to grantees who are not meeting this goal. We will also continue to use scoring incentives for positive performance for agencies applying for CoC funding. CoC leadership is encouraging the use of housing first principles in order to ensure housing stability. The PSH subcommittee will begin to look at exits on an individual basis to determine why households are exiting in less than six months and devise strategies to reduce these exits.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

We have exceeded the objective but we will continue to strengthen our performance by discussing performance in the quarterly PSH subcommittee meetings. CoC leadership will continue to provide technical assistance to those not yet meeting the goal. We will further strengthen scoring incentives for applicants for CoC funding. Peer mentoring and additional training will also be used to strengthen performance of grantees on this objective. The PSH committee will also begin to work on a plan to transition households onto a Housing Choice Voucher as their service needs decrease. This will create turnover in our CoC funded PSH programs and allow us to maximize this resource. We will also increase our SOAR caseworkers to obtain SSI/SSDI benefits for households served in our programs. Our long-term goal is for every eligible individual to receive SOAR assistance in applying for benefits at program entry.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional lousing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 81

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 82

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 83

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 85

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

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We have already exceeded this threshold, and will continue to strengthen our performance by collecting APR data quarterly from all grantees and convening the Transitional Housing Subcommittee on a quarterly basis to review that data. Targeted assistance will be given to grantees whose performance does not yet meet our goals. This year, the Transitional Housing Subcommittee has been focused on learning how to adopt a housing first approach in TH and how to convert to PSH or Transition-in-Place models. We will also strengthen CoC funding scoring incentives to achieve higher performance for renewal applicants and implement transition-in-place models for new applicants.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

We have exceeded the objective but we will continue to strengthen our performance through direct assistance from NCCEH, peer mentoring and additional trainings. We will continue collecting quarterly APR data from grantees and convening the Transitional Housing Committee quarterly to review that data. Scoring incentives will continue to be strengthened for applicants for CoC funding. CoC leadership understands that Rapid Re-Housing Programs are able to obtain better housing outcomes than most transitional housing programs. Some of our TH programs already operate transition-in-place models that place households in housing that becomes permanent at program exit. Our CoC is looking forward to applying for Rapid Re-Housing funds in future CoC applications. Our CoC is committed to investing in solutions that reduce the length of stay and result in positive, stable permanent housing situations.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 40

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 28

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 29

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 30

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

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We have surpassed the threshold but will continue to strengthen and improve performance by collecting APR data quarterly from all grantees and convening the PSH and Transitional Housing subcommittees to review that data. Since the 2010 application, most of our projects turned in Transitional APRs that did not contain updated data for this measure. Because of this, older APRs had to be used to compile this measure. We will update this performance measure on a quarterly basis as new APRs are completed in hopes of gaining a more accurate view of current performance. Because grantees report that it is increasingly difficult to find employment for program participants, grantees and CoC leadership were skeptical of the possibility of achieving employment goals as high as 40% considering current experience under these bad economic conditions. We will monitor performance throughout the year in hopes that our data will reveal a brighter story than the anecdotal evidence currently reports.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):

We have exceeded the objective but we will continue to strengthen our performance by collecting APR data quarterly for all grantees and convening the PSH and Transitional Housing Subcommittees to review that data. Technical assistance sponsored by the NC ICCHP and provided by NCCEH will be provided to grantees needing to improve performance. Scoring incentives for CoC applicants will be further strengthened. Peer mentoring and additional training will be provided to increase performance on this objective. We will also strengthen partnerships with mainstream employment programs.

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

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

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation.   CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 347

In 12 months, what will be the total number of homeless households with children? 340

In 5 years, what will be the total number of homeless households with children? 310

In 10 years, what will be the total number of homeless households with children? 300

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

We have been able to reduce family homelessness in the face of this economic crisis. HPRP assistance is being utilized to prevent or rapidly re-house households before they are homeless for long periods of time. CoC leadership will continue to provide training to agencies on accessing mainstream and HPRP resources for homeless families.   Our biggest concern within the next year will be how to replace HPRP dollars that are ending. We are working with our ESG office to ensure that new funds go to existing HPRP programs to maintain infrastructure that was created by those funds. However, ESG funds will not be enough and we are seeking additional funds from other private and public sources. In addition, we are proposing 138 new units of permanent housing for families in this CoC application. We are working to identify existing housing that could be repurposed for use by homeless families and are working to create homeless preferences for Housing Authority units and vouchers.

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Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

Our CoC is aligning with the Federal Strategic Plan. We are working to retool our crisis response system to center on housing stabilization with an emphasis on rapid re-housing and prevention. We will continue to seek federal, state, and local funding to create new housing and will work actively with community landlords to identify existing housing units that can be used to serve homeless families. ESG and other emergency assistance funding is being used to support aggressive prevention efforts and supportive services delivery to reduce the number of homeless families with children. These funds will be increased with the new Emergency Solutions Grant program and continued HPRP activities. We are using evidence-based practices to guide our use of HPRP and will continue to use proven practices as we build and strengthen Rapid Re-Housing and Prevention programs. The implementation of HEARTH is essential to our ability to reduce family homelessness.

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

The NC BoS CoC covers 79 counties, and foster care programs are implemented at the local level. Therefore, the NC BOS CoC has worked to implement protocols in each county's Division of Social Services. These protocols confirm that the Foster Care program begins working with their discharges long before anticipated discharge, and that discharge planning includes identification of housing and employment. In addition, some youth participate in the LINKS program which provides additional housing, education, and employment supports. The MOAs signed between the local NC BOS CoC representative and the county DSS confirm that no one will be discharged from foster care into homelessness.

Health Care:

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Discharge protocols must be developed and confirmed between each regional committee of the NC BOS CoC and the hospital(s) that serves their community. Since the hospitals are independent, and do not fall under a state office the same way that the Mental Health hospitals, prisons, and foster care programs do, it has been harder to implement statewide procedures with all hospitals serving the NC BOS area. Protocols are under development, and hospital social workers are encouraged to participate in regional CoC meetings. Many of our hospitals have participated in SOAR trainings and are working with CoC members to improve access to disability income and Medicaid for homeless people who are frequently accessing hospital services. In addition, hospitals are encouraged to work with CoC members and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital. CoC leadership held a Hospital Summit in June 2009 to educate Hospital Administrators on the benefits of SOAR, investing in permanent supportive housing and respite care, and good discharge planning practices. In June 2010, Regional Committee leadership partnered with National Health Care for the Homeless to sponsor a Documenting Disabilities training for one of the largest health care providers in the CoC. The NC Coalition to End Homelessness is continuing to work with communities to engage health care providers in effective discharge planning.

Mental Health:

The CoC has worked with ICCHP members from the Division of MH/DD/SAS to refine and implement protocols related to discharge of homeless people from state mental health hospitals & substance abuse treatment facilities. The Division's Office of State Operated Services & the ICCHP co-sponsored three regional trainings on appropriate discharge practices; these trainings prepared Continua & the State's hospitals & treatment centers to refine their discharge practices. The NC Coalition to End Homelessness coordinated these trainings & is continuing to disseminate their lessons. These protocols have been finalized in MOAs signed by each hospital, treatment program, & the CoC; they ensure that facilities & CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. FY2011 data indicates that 90% of people discharged from MH institutions go to other outpatient and residential non-state facilities or to private residences. In 2011, CoC leadership held informational SOAR trainings at each state MH hospital to discuss how SOAR applications will be completed for patients. In August 2011, CoC leadership trained designated social workers at each hospital to be SOAR caseworkers. CoC leadership continues to work with the division of Mental Health to create appropriate housing for persons being discharged from MH institutions and to educate providers and hospital staff on discharge regulations to avoid routine discharge into homelessness.

Corrections:

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The NC Interagency Council for Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Corrections (DOC). DOC representatives have been participating members of the ICCHP's Discharge Planning Workgroup for over 5 years. In addition, representatives from DOC participated in trainings on homelessness and discharge planning. Prisons across NC are not allowed to sign MOAs with local Continua; instead all MOAs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. In addition, the CoC has developed MOAs with local county jails. The MOAs confirm that the jails will not discharge anyone that does not meet HUD's definition of an eligible homeless person into a McKinney-Vento funded facility. In addition, jail staff are invited to participate in local COC meetings. FY2010 data indicate that approximately 91% of offenders are discharged to family, friends, or their own home.

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3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?   Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: The North Carolina Consolidated Plan specifically references the Governor's Interagency Council for Coordinating Homeless Programs' draft North Carolina 10-Year Plan to End Homelessness and states the following goals in support of the 10-Year Plan:
 - Provision of up to $250,000 in ESG funds and up to $5 million in emergency financial assistance to augment the 10-Year Plan goal to "implement aggressive prevention strategies."
- Use of approximately $800,000 of the state's ESG allocation over the next 5 years to subsidize supportive services delivery, in response to the 10-Year Plan's identification of specific gaps in services.
- Development of additional units of supportive housing for homeless persons with disabilities using $4 million in HOME funding and $4 million from the NCHFA Housing Trust Fund in support of the 10-Year Plan's goal of developing new Permanent Supportive Housing.

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

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The CoC is participating in and coordinating with the HPRP initiative through the NC Interagency Council for Coordinating Homeless Programs, the Governor's Office of Economic Recovery and Investment, and NC Coalition to End Homelessness as well as through member agency participation in utilizing HPRP funding at the local level. CoC leadership is also overseeing the implementation plan of HPRP funds. The State distributed funding competitively to local agencies for prevention and rapid re-housing activities, and thirteen of the twenty grantees are located in the Balance of State region. The CoC is using HPRP to provide financial assistance and housing stabilization services to homeless and at-risk households. In the CoC to date, 745 families and 3857 individuals have been provided prevention assistance; 187 families and 597 individuals have been provided rapid re-housing services. In order to make better use of community resources, the funding is being used to shift our system to have housing stabilization at the center. This new focus has allowed us to serve households more effectively by intervening before they become homeless or to re-house households who do become homeless as quickly as possible. HPRP funding has proven particularly important in our rural counties where there is no emergency shelter option.

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

The CoC is coordinating with other housing initiatives through the NC Interagency Council for Coordinating Homeless Programs, the Governor's Office of Economic Recovery and Investment, and the Division of Community Assistance. CoC leadership has educated CoC agencies about NSP, HUD VASH and CDBG opportunities. All recovery funds have been committed and most have been spent. Local CoC member agencies coordinated with NSP initiatives in their communities. Local members in HUD VASH areas coordinate with the Housing Authorities and VA in their communities to ensure a comprehensive system of housing and services for persons receiving HUD VASH assistance. The CoC has coordinated with ICCHP, the Governor's Focus on Veterans, the Consolidated Planning process, and the CDBG and NSP administrators to encourage several activities, not limited to: 1) using NSP rehabbed homes available for rental units as sites for HPRP permanent rental housing; 2) identifying NSP neighborhoods as locations for HPRP outreach; 3) using CDBG or CDBG-R renovated rental housing as possible sites for HPRP permanent rental housing; 4) using HUD-VASH vouchers as permanent housing resources for homeless veterans served through the CoC. In the few areas where ARRA funds are still available, CoC members are continuing to be educated about how to make referrals and access funding.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?   Yes

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If yes, please describe the established policies that are in currently in place.

The NC BoS CoC requires that providers ensure that homeless children in their programs are enrolled in school in accordance with state law and the McKinney-Vento Act. The CoC also requires that providers link these children to appropriate services in their community for which they are eligible. To ensure these requirements are met, the CoC encourages providers to designate a staff member to oversee the educational and service needs of homeless children. The staff's duties include 1) working with the school system's homeless liaison and/or social workers to assist in the identification of homeless children and coordinate the provision of services and 2) coordinating with parents and/or guardians to acquire necessary documentation and facilitate enrollment in school and service programs.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The CoC Regional Committees build partnerships with local homeless school liaisons and social workers. School liaisons and social workers participate in Regional Committees and serve on local Ten-Year Plans, where they report on numbers of homeless and at-risk students and provide input on the planning and provision of services. Some providers recruit school liaisons to sit on their Board of Directors. These close partnerships ensure ongoing communication between the school system and the homeless service system and ensure that any issues that affect the community can be addressed efficiently and comprehensively. Local agencies work directly with school homeless liaisons to identify homeless children, enroll them in school, and connect them to appropriate services. Providers contact school liaisons upon children's program entry and case managers ensure that proper documentation is quickly acquired and provide follow-up to finalize enrollment. In some regions, school social workers periodically visit shelters to ensure children are enrolled in school and receiving all needed education services. School liaisons also play an active role during the annual Point in Time Count in identifying homeless and at-risk children and reporting this data to the CoC.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

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Every effort is made to ensure that the education of homeless children continues with minimal interruption when they enter emergency shelter or transitional housing. Providers work with school homeless liaisons and social workers to keep children in their school of origin. Most children are able to remain in their original school, thereby preventing lapses in attendance. In some rural areas where only one shelter exists in a region, it is necessary to place homeless families at a distance from the school of origin. Providers work with school transportation services to arrange bus services to the original school and some school districts provide parents the option of receiving mileage to drive their children to the school of origin. In cases where it is impossible to arrange such transportation, the children are enrolled in the school closest to the shelter. Upon program entry, shelter staffs immediately contact the school system and enrollment is completed as rapidly as possible to minimize missed school days. School staffs expedite enrollment in services provided by the school such as free/reduced cost breakfast/lunch and after-school programs. Shelters and transitional housing programs also provide educational services to children in their programs; some provide on-site tutoring services, while others arrange for children to receive tutoring and mentoring services from partner groups like the Boys and Girls Club of America.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

The CoC has aligned our goal of ending veterans homelessness with the goal of the Federal Strategic Plan. CoC leadership partnered with the VA to coordinate a statewide summit on ending veterans homelessness. The CoC is increasing its PSH inventory to house homeless veterans. Our scoring and project review process incentivizes projects to serve homeless veterans by weighting the scores for projects targeting veterans. Regional Committees are pursuing housing for veterans funded by local municipalities, counties & the NC Housing Finance Agency. Currently there are two transitional housing for veterans projects being developed in the CoC area. The CoC coordinates HUD-VASH, GPD & HCHV with the VA and other veterans service/advocacy groups though Regional Committee Leadership, which works directly with veterans representatives and coordinates community-wide systems of care. Non-profit and faith-based agencies provide outreach, disability advocacy, counseling, life skills and job training. The Employment Security Commission and JobLink Career Services provide education, training and job search services. SOAR-trained caseworkers assist disabled veterans to apply for SSI/SSDI benefits. Regional Committees coordinate with local VAs to hold Stand Down and Project Homeless Connect events that provide service linkages for veterans. Regional Committees are conducting needs assessments to identify and fill any service gaps to ensure comprehensive care for veterans.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):

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The CoC has aligned with the Federal Strategic Plan's goal of preventing and ending homelessness for families, youth and children in ten years. The Balance of State Regional Committees collaborate with local foster care service providers and local Departments of Social Services to ensure that foster youth transition into housing and not homelessness. The committees also work together with these agencies to assess any needs and gaps in providing housing and services to youths who are homeless.

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3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

 For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

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4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	91	**Beds**	142	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	81	**%**	86	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	88	**%**	81	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	28	**%**	40	**%**
Decrease the number of homeless households with children.	335	**Households**	347	**Households**

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Did the CoC submit an Exhibit 1 application in FY2010?   Yes

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The CoC exceeded HUD's goals for each objective and exceeded 3 of its own 5 goals. The percentage of homeless persons moving from TH to PH exceeds HUD's objective, but does not meet the CoC goal. One agency was unable to track half of its exiting families. If that agency's numbers were not included, we would have exceeded our goal. CoC leadership will assist this agency with tracking & is confident next year's goal will be achieved. While we did not meet our numeric goal for decreasing homeless families, we did see an overall decrease of 6 families. Because homelessness is a lagging indicator of the economy, we are now seeing families enter the system who have exhausted all other resources. Unemployment, a shortage of affordable housing & cuts to state-funded services all contributed to continuing high rates of family homelessness. Providers are working to compensate by connecting clients to services and reducing lengths of stay while the CoC increases its stock of PSH for families. We believe our effective use of HPRP helped us to avoid an increase of homeless families. We will continue to work to increase our TH performance, but through evidence-based practices, we know the best way to increase exits to PH is through assistance that invests in permanent housing such as rental assistance and services that allow participants to practice skills while in a permanent home. However, if HEARTH is not implemented, our ability to implement Rapid Re-Housing will be hampered.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

 CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	180	71
2010	262	81
2011	312	142

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.   61

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$466,152	$198,115	$540,736	$0	$0
Total	$466,152	$198,115	$540,736	$0	$0

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

The number of chronically homeless persons increased due to the expanded definition of "chronically homeless" that was in place at the 2011 Point-in-Time Count. During the count, the CoC identified 55 persons in chronically homeless families that would not have been included in previous years. If the definition had remained the same, the CoC would have seen a decrease in the number of chronically homeless persons. To decrease this number further, the CoC continues to increase outreach and engagement efforts to this population and is requesting funding for 22 permanent supportive housing beds to serve chronically homeless persons in this application.

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: c+d, divided by a+b, multiplied by 100. the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?   Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	80
b. Number of participants who did not leave the project(s)	397
c. Number of participants who exited after staying 6 months or longer	65
d. Number of participants who did not exit after staying 6 months or longer	309
e. Number of participants who did not exit and were enrolled for less than 6 months	59
TOTAL PH (%)	78

Instructions:

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HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?   Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	85
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	69
TOTAL TH (%)	81

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

Instructions:

 HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

  For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 190

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	30	16	%
SSDI	27	14	%
Social Security	14	7	%
General Public Assistance	1	1	%
TANF	16	8	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	76	40	%
Unemployment Benefits	4	2	%
Veterans Health Care	3	2	%
Medicaid	44	23	%
Food Stamps	66	35	%
Other (Please specify below)	10	5	%
Child support, WorkFirst			
No Financial Resources	23	12	%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted?   Yes

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4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: http://www.energystar.gov

 A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

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

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

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

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

The NC BoS CoC requires grantees to turn in quarterly APRs. The Permanent Supportive Housing subcommittee and Transitional Housing subcommittee each meet on a quarterly basis to assess progress based on APRS of projects in their areas; the Steering Committee is informed of the results and holds further discussion. Additionally, a staff member reviews APRs from each BoS grantee as they are turned in to HUD and notes any gaps or issues in programs. The project applicants are advised and a phone meeting is scheduled to discuss solutions and evidence-based practices that can be implemented. Additional technical assistance is given as needed.

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

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

The NC BoS CoC Permanent Housing, Transitional Housing, and Families subcommittees each discuss access to mainstream benefits and other sources of increasing income; the Steering Committee is informed of results and also discusses this issue regularly. Meetings of the subcommittees this year were held February 8, 15, & 22; May 10, 17, & 24; and August 9, 16, & 24.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?   Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?   Yes

If yes, identify these staff members   Provider Staff

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Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

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

Has the CoC participated in SOAR training? Yes

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

CoC providers attended SOAR trainings held by the CoC leadership on January 24-25, 2011, May 18-19, 2011 and August 16-17, 2011. In addition, CoC leadership provides ongoing support and technical assistance for NC SOAR. SOAR caseworkers participate in a monthly meeting where they report outcomes, receive updates on the SOAR process, and troubleshoot SOAR applications. In addition to providing training and support to program staff, there are 8 dedicated SOAR positions in the BoS CoC.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	55%
Most agencies assist people in completing applications, including assisting with the paperwork needed to apply for benefits. In addition, several programs have SOAR trained caseworkers who are able to use the SOAR methodology to assist with SSI/SSDI applications. Currently, two counties have dedicated SOAR staff (two FTE and two PTE). In 2011, three additional counties secured funding for four more full-time SOAR positions.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	58%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	16%
Food Stamps, Medicaid, SSI, SSDI, TANF, Other Department of Social Services financial assistance including rental payment, prescription assistance, and utility payment	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	75%
4a. Describe the follow-up process:	
75% of our agencies report that they conduct some form of follow up to ensure that benefits are received. The majority of the follow-up involves agencies' case managers conducting telephone follow-up with the benefits case manager to inquire about the status of the application and determine if additional information is needed. In some programs case managers follow-up by attending appointments with individuals, at the permission of the individual, to ensure that benefits case managers have complete information and needed documentation for their programs.	

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Continuum of Care (CoC) Project Listing

Instructions:

 IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

 To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
SHA S+C 2011	2011-10-20 11:33:...	1 Year	Sanford Hosuing A...	75,840	Renewal Project	S+C	TRA	U
PBH 2011 Shelter ...	2011-10-21 16:47:...	1 Year	Piedmont Behavior...	176,148	Renewal Project	S+C	TRA	U
Project Homeward ...	2011-10-18 14:36:...	1 Year	Sandhills Communi...	240,792	Renewal Project	SHP	TH	F
UCm PH Renewal 2011	2011-10-21 14:39:...	1 Year	United Community ...	87,570	Renewal Project	SHP	PH	F
PRCoC Permanent S...	2011-10-20 14:58:...	2 Years	Community Link, P...	343,686	New Project	SHP	PH	F6
SHP-TH 2006 Renew...	2011-10-19 14:48:...	1 Year	Rockingham County...	187,624	Renewal Project	SHP	TH	F
SHP-PH Project St...	2011-10-19 15:10:...	2 Years	The Greenville Co...	113,618	New Project	SHP	PH	F7
PBH 2011 Shelter ...	2011-10-21 16:44:...	5 Years	Piedmont Behavior...	791,520	New Project	S+C	TRA	F3
SHP-PH Solid Grou...	2011-10-20 08:20:...	1 Year	The Greenville Co...	72,177	Renewal Project	SHP	PH	F
The Beacon Center...	2011-10-24 11:42:...	5 Years	The Beacon Center	182,160	New Project	S+C	TRA	F8
FCMHA Renewal 1 2011	2011-10-21 17:16:...	1 Year	five county menta...	223,836	Renewal Project	S+C	TRA	U
Shelter Plus Care	2011-10-18 14:39:...	1 Year	Sandhills Communi...	6,444	Renewal Project	S+C	TRA	U

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Kerr-Tar PH Chron...	2011-10-21 17:13:...	1 Year	five county menta...	31,092	Renewal Project	S+C	TRA	U
Carolina Homeless...	2011-10-20 13:38:...	1 Year	North Carolina Ho...	588,668	Renewal Project	SHP	HMIS	F
HOPE	2011-10-20 10:14:...	1 Year	Burlington Develo...	74,639	Renewal Project	SHP	PH	F
FCMHA SPC New 2011	2011-10-21 17:05:...	5 Years	five county menta...	294,960	New Project	S+C	TRA	F4
Kerr-TAR SPC PH ...	2011-10-21 17:20:...	1 Year	five county menta...	127,368	Renewal Project	S+C	TRA	U
STEPS	2011-10-20 10:16:...	1 Year	Burlington Develo...	74,215	Renewal Project	SHP	TH	F
SMC Project Conne...	2011-10-21 09:07:...	5 Years	Smoky Mountain Ce...	767,160	New Project	S+C	TRA	F1
Project HOPE	2011-10-21 15:29:...	5 Years	Housing Authority...	791,760	New Project	S+C	TRA	P5
Shelter Plus Care...	2011-10-20 15:47:...	5 Years	Eastpointe Human ...	995,640	New Project	S+C	TRA	F2
RHA S+C RENEWAL (...	2011-10-19 09:18:...	1 Year	The New Reidsvill...	33,528	Renewal Project	S+C	TRA	U
RHA S+C RENEWAL (...	2011-10-19 10:43:...	1 Year	The New Reidsvill...	80,016	Renewal Project	S+C	TRA	U
UCM Bassett TH Re...	2011-10-21 14:36:...	1 Year	United Community ...	88,200	Renewal Project	SHP	TH	F
GHA S+C Renewal 2...	2011-10-19 14:41:...	1 Year	Graham Housing Au...	59,052	Renewal Project	S+C	TRA	U
Kerr Tar SPC PH C...	2011-10-21 17:18:...	1 Year	five county menta...	68,496	Renewal Project	S+C	TRA	U
Renewal Project	2011-10-20 09:37:...	1 Year	East Carolina Beh...	334,524	Renewal Project	S+C	TRA	U
Scattered Lease 2012	2011-10-20 08:53:...	1 Year	Crossroads Behavi...	38,468	Renewal Project	SHP	PH	F
CUOC renewal 2011...	2011-10-20 16:33:...	1 Year	Christians United...	82,284	Renewal Project	SHP	TH	F

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SHAHC Surry Count...	2011-10-19 18:39:...	1 Year	Surry Homeless an...	60,091	Renewal Project	SHP	PH	F
PRCoC Casework an...	2011-10-20 14:55:...	1 Year	Communit y Link, P...	268,346	Renewal Project	SHP	TH	F
Alamance-Caswell ...	2011-10-19 14:44:...	1 Year	Alamance-Caswell ...	225,768	Renewal Project	S+C	TRA	U

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Budget Summary

FPRN	$5,351,818
Permanent Housing Bonus	$791,760
SPC Renewal	$1,442,112
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Con Plan Certific...	10/21/2011

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Attachment Details

Document Description: Con Plan Certification for NC-503

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