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-505 - Charlotte/Mecklenburg County CoC

CoC Lead Agency Name: Homeless Services Network

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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: Homeless Services Network (HSN) Steering Committee

Indicate the frequency of group meetings: Monthly or more

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

N/A

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

Specify "other" legal status:

N/A

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 78%

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

Elected:	X
Assigned:	
Volunteer:	

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Appointed:	
Other:	

Specify "other" process(es):

N/A

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

Participation in the Steering Committee is open to the public. However, membership, including the right to vote, is limited to recognized nonprofit, faith-based and government entities with missions that are consistent with that of the HSN: to prevent and end homelessness in Charlotte-Mecklenburg County. Organizations request membership and are nominated by a current member, and membership is approved by a majority vote of the Steering Committee. Continued membership is contingent on continued attendance and meeting financial obligations to the HSN. This policy encourages broad-based community representation. As a result, there are currently 42 public, faith-based and private nonprofit agencies that attend HSN meetings on a regular basis.

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

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

Specify "other" process(es):

A slate of officers is proposed to the HSN voting members annually and additional nominations can come from the floor. The bylaws do not specifically stipulate the number of terms members can serve. Officers can be nominated from any of the member organizations, which include private nonprofit, faith based and government programs.

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):

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Yes, the current HSN has the volunteer capacity to manage the annual CoC application process. HSN is now working with the Charlotte-Mecklenburg Coalition for Housing (CMCH), which has responsibility for the City's Housing Trust Fund dollars and the implementation of the Charlotte-Mecklenburg Ten Year Plan to End and Prevent Homelessness. Members of the CMCH are actively participating in the planning for the FY2011 CoC application. The responsibility for the CoC application process will transition to CMCH in FY2012. With staffing from the City of Charlotte, Mecklenburg County and other member agencies, CMCH will also have the capacity to serve as a grantee, providing project oversight and monitoring.

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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
Advocacy Committee	The Advocacy Committee educates and mobilizes the community, including the public, decision-makers and other stakeholders, about the needs of homeless people in Charlotte-Mecklenburg, as well as trends and policies concerning homeless people, and promotes the work of homeless service providers. In 2011-12, the Advocacy Committee will (1) promote community education on homelessness and affordable housing issues in collaboration with the Charlotte Mecklenburg Coalition for Housing; (2) advocate for a stable funding source for affordable housing development; and (3) advocate with our community partners to provide a safety net for supportive services for homeless people.	Monthly or more
Charlotte Mecklenburg Coalition for Housing/Ten Year Planning	The Mayor, the City Council and Mecklenburg Co. Commissioners created the Charlotte Mecklenburg Coalition for Housing to oversee implementation of the Ten Year Plan to End and Prevent Homelessness. The CMCH is charged with developing process and strategy for the development and retention of affordable housing with supportive service models, and providing recommendations for funding allocations for the City's Housing Trust Fund. The community-wide board is comprised of individuals with expertise in a variety of sectors impacting housing and homelessness. The coalition has three working committees that meet monthly, with the board meeting bi-monthly. The City, County and Charlotte Housing Authority have ex-officio representation on the board.	Bi-monthly
HMIS - Data Management & Research	The Data Management & Research Committee (DMRC), a committee of Homeless Services Network (HSN), facilitates the seamless delivery of services at multiple sites to persons who are homeless or at risk of becoming homeless. This is supported through the development and implementation of a uniform, accurate, shared database that addresses the needs of clients of the HSN service providers. In addition, the HSN DMRC receives community requests for aggregate data to enable optimal service planning and implementation. The committee acts as a liaison between the agencies and the HMIS vendor, who attends all HSN Data committee meetings.	Bi-monthly

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HSN Steering and Executive Committee	HSN acts as the decision making body for the CoC and includes the CoC leadership. HSN membership includes representatives from local government; private organizations; for-profit and nonprofit agencies; faith-based, community-representative, and consumer organizations; service providers; healthcare; the education system; and law enforcement. The HSN leads planning for disasters for the homeless such as preparation for a possible flu pandemic in local shelters or for severe weather conditions. The HSN leads discussion and collaboration around discharge planning of the homeless from local hospitals and jails. HSN, through its membership, coordinates the semi-annual point-in-time count and a subcommittee completes the CoC application.	Monthly or more
Coordination of Services and Housing	Coordination of Services and Housing (COSH) is a subcommittee of the Homeless Services Network made up of homeless services providers and other community partners. COSH coordinates housing strategies, and enables employment readiness providers and healthcare professionals to broaden access, conduct advocacy and coordinate best practices. The primary strategic objective is to better assist clients by streamlining front line case managers' access to information. COSH oversees achievement of SOAR accreditation. COSH (1) expands support service resources and housing opportunities; (2) explores and conveys best practices through research, training and education; and (3) identifies service gaps that require ten year plan strategies.	Monthly or more

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

N/A

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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
City of Charlotte Neighborhood and Business Ser...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Relations Committee	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Mecklenburg County Area Mental Health	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mecklenburg County Dept. Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes...
Charlotte Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
University North Carolina Charlotte	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Charlotte-Mecklenburg Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Charlotte-Mecklenburg Police Department	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Mecklenburg County Sheriff's Office	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Carolinas Healthcare	Private Sector	Hospita...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Presbyterian Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Shelter Health Services, Inc.	Private Sector	Hospita...	None	NONE
A Child's Place	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
Urban Ministry Center: Homeless to Homes, Room ...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...

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Charlotte Apartment Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Community Link	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Crisis Assistance Ministry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Center for Community Transitions-formerly Ener...	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Hope Haven	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
House of Grace	Private Sector	Non-pro...	None	Domestic Vio...
Carolinas Care Partnership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
Salvation Army	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Shelter for Battered Women	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
St. Peter's Homes	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
United Family Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Men's Shelter of Charlotte	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Alexander Youth Network	Private Sector	Non-pro...	None	Youth
YWCA	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
Crosland	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Charlotte-Mecklenburg Housing Partnership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Bell Data Systems, Inc.	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE

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Council for Children's Rights	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Caldwell Memorial Presbyterian Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
City of Charlotte Community Planning	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mecklenburg County Dept. of Finance	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Mecklenburg County Health Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Jacob's Ladder	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Mecklenburg County Community Support Services: ...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
CMC ACT Team	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
CMC Crisis Stabilization Unit	Public Sector	Other	None	Seriously Me...
Victory Christian Center	Private Sector	Faith-b...	None	NONE
Mecklenburg County Mobile Crisis Team	Public Sector	Other	None	Seriously Me...
Samaritan House	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Florence Crittenton Services of North Carolina	Private Sector	Non-pro...	None	Youth
Charlotte Rescue Mission: Rebound, Dove's Nest	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Hoskins Park Transitional Housing	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Substance Abuse
Community Choice Cascade	Private Sector	Faith-b...	None	Substance Abuse
Blessings in the Storm	Private Sector	Faith-b...	None	NONE
ACCESS	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Friendship CDC	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Goodwill of the Southern Piedmont	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Legal Aid of North Carolina, Charlotte	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE

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Legal Services of Southern Piedmont	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mecklenburg County Parks and Recreation Dept.	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth
NABVETS	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Veterans Administration Medical Center	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Veterans
Lutheran Family Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Se...
Mental Health Association of Central Carolinas	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
The Arc of North Carolina	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mecklenburg County Community Support Services: ...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes...
Mecklenburg County Community Support Services: ...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Mecklenburg County Manager's Office	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
C.W. Williams Community Health Center	Private Sector	Hospita...	None	NONE
Hope House Foundation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Catherine's House	Private Sector	Faith-b...	None	NONE
Charlotte-Mecklenburg Coalition for Housing	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Charlotte Family Housing (formerly Charlotte Em...	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Innovative Community Resources	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Se...
Homeless Helping Homeless	Private Sector	Other	Committee/Sub-committee/Work Group	NONE

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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Charlotte Neighborhood and Business Services

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

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1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Relations Committee

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mecklenburg County Area Mental Health

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Transportation, Rental Assistance, HIV/AIDS, Alcohol/Drug Abuse

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1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mecklenburg County Dept. Social Services

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth, Domestic Violence

Does the organization provide direct services to homeless people? Yes

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Services provided to homeless persons and families:
(select all that apply)

Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Healthcare, Transportation, HIV/AIDS, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Charlotte Housing Authority

Type of Membership:
(public, private, or individual)

Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Public housing agencies

Role(s) of the organization:
(select all that apply)

Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Seriously Mentally Ill, Substance Abuse

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Does the organization provide direct services to homeless people?   Yes

Services provided to homeless persons and families:
(select all that apply)   Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: University North Carolina Charlotte

Type of Membership:
(public, private, or individual)   Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   School systems/Universities

Role(s) of the organization:
(select all that apply)   Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)   Youth

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Does the organization provide direct services to homeless people?   No

Services provided to homeless persons and families:
(select all that apply)   Not Applicable

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Charlotte-Mecklenburg Schools

Type of Membership:
(public, private, or individual)   Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   School systems/Universities

Role(s) of the organization:
(select all that apply)   Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)   Youth

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Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Charlotte-Mecklenburg Police Department

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence, Substance Abuse

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Does the organization provide direct services to homeless people?   No

Services provided to homeless persons and families:
(select all that apply)   Not Applicable

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mecklenburg County Sheriff's Office

Type of Membership:
(public, private, or individual)   Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Law enforcement/corrections

Role(s) of the organization:
(select all that apply)   Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Education, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Carolinas Healthcare

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Hospitals/med representatives

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, HIV/AIDS

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Transportation

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Presbyterian Hospital

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Hospitals/med representatives

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Healthcare, HIV/AIDS

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Shelter Health Services, Inc.

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Hospitals/med representatives

Role(s) of the organization:
(select all that apply)
None

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

NONE

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: A Child's Place

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Youth

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Counseling/Advocacy, Education, Case Management, Life Skills, Transportation, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:

Urban Ministry Center: Homeless to Homes, Room in the Inn

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Healthcare, Mobile Clinic, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Charlotte Apartment Association

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

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Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Link

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Life Skills, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Crisis Assistance Ministry

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

NONE

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Counseling/Advocacy, Utilities Assistance, Life Skills, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:

Center for Community Transitions- formerly Energy Committed to Offenders (ECO)

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Substance Abuse

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Counseling/Advocacy, Education, Case Management, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hope Haven

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Substance Abuse

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Education, Case Management, Life Skills, Healthcare, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: House of Grace

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

None

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Domestic Violence, Substance Abuse

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Case Management, Alcohol/Drug Abuse, HIV/AIDS

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:

Carolinas Care Partnership

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

HIV/AIDS

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Education, Case Management, Life Skills, Mental health, Transportation, HIV/AIDS

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Salvation Army

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)   NONE

Does the organization provide direct services to homeless people?   Yes

Services provided to homeless persons and families:
(select all that apply)   Education, Case Management, Child Care, Life Skills, Healthcare, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Shelter for Battered Women

Type of Membership:
(public, private, or individual)   Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Non-profit organizations

Role(s) of the organization:
(select all that apply)   Committee/Sub-committee/Work Group

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Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Peter's Homes

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Education, Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:

United Family Services

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Domestic Violence

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Counseling/Advocacy, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Men's Shelter of Charlotte

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)   NONE

Does the organization provide direct services to homeless people?   Yes

Services provided to homeless persons and families:
(select all that apply)   Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Alexander Youth Network

Type of Membership:
(public, private, or individual)   Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Non-profit organizations

Role(s) of the organization:
(select all that apply)   None

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)   Youth

Does the organization provide direct services to homeless people?   Yes

Services provided to homeless persons and families:
(select all that apply)   Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: YWCA

Type of Membership:
(public, private, or individual)   Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Non-profit organizations

Role(s) of the organization:
(select all that apply)   Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Domestic Violence

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Education, Case Management, Life Skills, Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Crosland

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Businesses

Role(s) of the organization:
(select all that apply)

Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

NONE

Does the organization provide direct services to homeless people?

No

Services provided to homeless persons and families:
(select all that apply)

Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:

Charlotte-Mecklenburg Housing Partnership

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

NONE

Does the organization provide direct services to homeless people?

No

Services provided to homeless persons and families:
(select all that apply)

Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bell Data Systems, Inc.

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Businesses

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group

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**Subpopulation(s) represented by the organization:
(No more than two subpopulations)**

NONE

Does the organization provide direct services to homeless people?

No

**Services provided to homeless persons and families:
(select all that apply)**

Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:

Council for Children's Rights

**Type of Membership:
(public, private, or individual)**

Private Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)**

Non-profit organizations

**Role(s) of the organization:
(select all that apply)**

Committee/Sub-committee/Work Group

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)   Youth

Does the organization provide direct services to homeless people?   No

Services provided to homeless persons and families:
(select all that apply)   Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Caldwell Memorial Presbyterian Church

Type of Membership:
(public, private, or individual)   Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Faith-based organizations

Role(s) of the organization:
(select all that apply)   Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)   NONE

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Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Charlotte Community Planning

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)   NONE

Does the organization provide direct services to homeless people?   No

Services provided to homeless persons and families:
(select all that apply)   Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mecklenburg County Dept. of Finance

Type of Membership:
(public, private, or individual)   Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Local government agencies

Role(s) of the organization:
(select all that apply)   Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

NONE

Does the organization provide direct services to homeless people?

No

Services provided to homeless persons and families:
(select all that apply)

Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mecklenburg County Health Dept.

Type of Membership:
(public, private, or individual)

Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Local government agencies

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Substance Abuse, HIV/AIDS

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Street Outreach, Case Management, Healthcare, HIV/AIDS

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Jacob's Ladder

Type of Membership:
(public, private, or individual)

Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

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Subpopulation(s) represented by the organization:
(No more than two subpopulations)   NONE

Does the organization provide direct services to homeless people?   Yes

Services provided to homeless persons and families:
(select all that apply)   Counseling/Advocacy, Education, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mecklenburg County Community Support Services: Homeless Support Services division

Type of Membership:
(public, private, or individual)   Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Local government agencies

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Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Street Outreach, Case Management, Transportation

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CMC ACT Team

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Other

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Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CMC Crisis Stabilization Unit

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Other

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Role(s) of the organization:
(select all that apply) None

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Victory Christian Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

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Role(s) of the organization:
(select all that apply)   None

Subpopulation(s) represented by the organization:
(No more than two subpopulations)   NONE

Does the organization provide direct services to homeless people?   Yes

Services provided to homeless persons and families:
(select all that apply)   Utilities Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mecklenburg County Mobile Crisis Team

Type of Membership:
(public, private, or individual)   Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Other

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Role(s) of the organization:
(select all that apply)
None

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Mental health, Mobile Clinic

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Samaritan House

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

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Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Florence Crittenton Services of North Carolina

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

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Role(s) of the organization:
(select all that apply)
None

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Youth

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:
Charlotte Rescue Mission: Rebound, Dove's Nest

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

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Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Life Skills, Alcohol/Drug Abuse, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hoskins Park Transitional Housing

Type of Membership:
(public, private, or individual)
Private Sector

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Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

Role(s) of the organization:
(select all that apply)
Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Life Skills, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Choice Cascade

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

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Role(s) of the organization:
(select all that apply)
None

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Child Care, Life Skills, Transportation, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Blessings in the Storm

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

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Role(s) of the organization:
(select all that apply)   None

Subpopulation(s) represented by the organization:
(No more than two subpopulations)   NONE

Does the organization provide direct services to homeless people?   Yes

Services provided to homeless persons and families:
(select all that apply)   Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: ACCESS

Type of Membership:
(public, private, or individual)   Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Local government agencies

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Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Friendship CDC

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

| Exhibit 1 2011 | Page 61 | 10/28/2011 |

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Goodwill of the Southern Piedmont

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

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Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Employment

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Legal Aid of North Carolina, Charlotte

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

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Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Legal Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Legal Services of Southern Piedmont

Type of Membership:
(public, private, or individual)
Private Sector

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Type of Organization:
(Content depends on "Type of Membership" selection)

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)

NONE

Does the organization provide direct services to homeless people?

Yes

Services provided to homeless persons and families:
(select all that apply)

Legal Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mecklenburg County Parks and Recreation Dept.

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Type of Membership:
(public, private, or individual)

Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)

Local government agencies

Role(s) of the organization:
(select all that apply)

Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)

Youth

Does the organization provide direct services to homeless people?

No

Services provided to homeless persons and families:
(select all that apply)

Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NABVETS

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Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Veterans

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

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Name of organization or individual: Veterans Administration Medical Center

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Other

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Veterans

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Life Skills, Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

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Name of organization or individual: Lutheran Family Services

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Veterans, Seriously Mentally Ill

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Life Skills, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

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Name of organization or individual: Mental Health Association of Central Carolinas

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

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Name of organization or individual: The Arc of North Carolina

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

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Name of organization or individual: Mecklenburg County Community Support Services: Women's Commission division

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

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Name of organization or individual: Mecklenburg County Community Support Services: Veterans Services division

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Veterans

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

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Name of organization or individual: Mecklenburg County Manager's Office

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: C.W. Williams Community Health Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Hospitals/med representatives

Role(s) of the organization:
(select all that apply) None

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Healthcare, Prescription Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hope House Foundation

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Life Skills, Child Care, Mortgage Assistance, Healthcare, Legal Assistance, Rental Assistance, Soup Kitchen/Food Pantry, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catherine's House

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) None

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Life Skills, Transportation

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Charlotte-Mecklenburg Coalition for Housing

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Charlotte Family Housing (formerly Charlotte Emergency Housing, Family Promise of Charlotte, and Workforce Initiative for Supportive Housing (WISH)

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Transportation, Employment

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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Innovative Community Resources

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Homeless Helping Homeless

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

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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)
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)
b. Review CoC Monitoring Findings, g. Site Visit(s), 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, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply)
c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?
No

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

N/A

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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):

ES beds increased from 799 in 2010 to 1,140 in 2011. The increase is related primarily to area shelters' response to the rising demand by making room to accommodate additional guests. Room was made in various ways, such as the utilization of a local church for overflow (Salvation Army Center of Hope) or placing mats on a cafeteria floor (Men's Shelter of Charlotte).

Also, a local motel raised funds to temporarily shelter homeless individuals and some families, until donations were exhausted and the effort shut down. As such, these additional motel beds will not be reported on the January 2012 PIT.

HPRP Beds: Yes

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

The number of HPRP beds increased from 0 in 2010 to 150 in 2011. This change was due to $1,930,217 in American Recovery and Reinvestment Act funds that the City of Charlotte received from HUD in 2009. Local HPRP projects are collectively known as Project HOPE (Housing Opportunities Plus Empowerment). Project HOPE is implemented by Crisis Assistance Ministry (CAM) and by Charlotte Family Housing (CFH) [a recent merger of Charlotte Emergency Housing, Family Promise of Charlotte and the Workforce Initiative for Supportive Housing (WISH)]. WISH (now part of CFH) received $900,217 toward rental subsidies for homeless families and individuals, and CAM received $1,030,000 to administer and oversee the program, and provide preventive services.

Safe Haven: Not Applicable

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

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Charlotte-Mecklenburg CoC has no Safe Haven programs at this time.

Transitional Housing: Yes

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

There was an increase of 198 TH beds for two reasons. First, additional programs participated in the 2011 HIC. Second, some programs increased availability of TH beds. Specifically, contract services for the local Veteran's Administration yielded 62 additional beds, and two other transitional housing programs--one targeting single women and the other women and children-- began operating nearer to full capacity, adding 38 more beds.

Permanent Housing: Yes

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

Permanent Supportive Housing increased by 330 beds from 2010 to 2011. These additional beds take into account VASH vouchers, previously not included in the HIC, and the new Hampton Creste program. Both programs are administered in collaboration with the Charlotte Housing Authority; however, while VASH targets homeless veterans, Hampton Creste reaches out to women and children at the Salvation Army Center of Hope.

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:

  N/A

Indicate the type of data or method(s) used to determine unmet need: (select all that apply):   Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Applied statistics, Provider opinion through discussion or survey forms

Specify "other" data types:

  N/A

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

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The community's unmet need was calculated by first comparing last year's PIT/HIC to this year's, so as to determine changes and new developments' effect on current supply and demand. Information from the HMIS was used to inform the unmet need discussion amongst stakeholders. Additionally, special consideration was given to the number of unsheltered homeless. This year's unmet need calculation reflects an overall slight increase across categories, using last year's unmet need as a baseline and extrapolation based on the January 2011 PIT (census/need) and HIC (inventory/supply).

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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:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-505 - Charlotte/Mecklenburg 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?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Client Services Network (CSN)
What is the name of the HMIS software company?	Bell Data 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)	07/01/1999
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by non-HUD funded providers, Inadequate resources

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).

N/A

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

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Participation in HMIS by non-McKinney-Vento-funded homeless programs still remains a challenge. The local CoC continues to reach out to these programs to promote the value of the HMIS for data collection and case management. However, with the current economy leading to tight nonprofit budgets and increased demand, it is challenging to convince some agencies that they should prioritize their tracking systems. The Charlotte-Mecklenburg Coalition for Housing, the entity in charge of leading City and County efforts to implement the Ten Year Plan to End Homelessness, is facilitating meetings with stakeholders to try to increase HMIS participation CoC-wide, including data collection, warehousing and sharing. One strategy is to identify resources to hire a CoC-wide data administrator to lead HMIS recruitment, end-user training, data dissemination and quality control.

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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	Hope Haven, Inc
Street Address 1	3815 N. Tryon
Street Address 2	
City	Charlotte
State	North Carolina
Zip Code Format: xxxxx or xxxxx-xxxx	28206
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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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	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	76-85%

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

At least Annually

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

The Transitional Housing HMIS participation rate fell from 55% to 43% due to the addition of more non-McKinney-Vento beds by programs that do not participate in the local HMIS, and often lack the means to do so. However, the VA's transitional housing programs will be in the HMIS before the year's end (62 beds). This, along with an additional 26 beds from a faith-based provider added recently to the HMIS, should return the TH coverage rate to 50%.

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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	0%	7%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	2%	2%
* 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):

Bi-Monthly aggregate data review by agency; semi-annual review prior to PIT; weekly and monthly review of QC reports by agency. Fields are set as required. Agencies offer online assistance and train their end users in order to improve data quality.

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

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Dates are validated upon entry and dates are required to save records. The
system contains protocols to prevent data errors through error messaging.

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:	At least Monthly
Point-in-time count of sheltered persons:	At least Semi-annually
Point-in-time count of unsheltered persons:	At least Semi-annually
Measuring the performance of participating housing and service providers:	At least Annually
Using data for program management:	At least Quarterly
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 bi-monthly
* Secure location for equipment	At least Annually
* Locking screen savers	At least bi-monthly
* Virus protection with auto update	At least bi-monthly
* Individual or network firewalls	At least bi-monthly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Monthly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?	At least Semi-annually
How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?	At least Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	04/13/2011
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 Annually
* Data Security training	At least Annually
* Data Quality training	At least Semi-annually
* Using Data Locally	At least Annually
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	At least Annually
* HMIS software training	At least Semi-annually

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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? semi-annually (twice a 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: 70-79%

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 decrease in the unsheltered population is attributed to a better counting methodology implemented by the CoC and the primary homeless services providers in collaboration with the police, the DOT and smaller grassroots organizations that serve the street homeless. Outreach workers accompanied the police to identified homeless camps and used information from the DOT to locate occupied bridges and underpasses. An increase in the sheltered population is related to the local shelters (mainly the Men's Shelter of Charlotte) using a low-demand admissions approach, enabling more homeless men, who are often part of the unsheltered population, to sleep indoors.

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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:

N/A

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 community's PIT coordinator reached out to agencies providing shelter/housing to persons experiencing homelessness well in advance of the January Point-in-Time count. The coordinator's correspondence emphasized the importance of the upcoming homeless census and the accompanying housing inventory, and provided detailed instructions on the information to be captured. Further, the PIT reporting template that was distributed, provided by the North Carolina Coalition to End Homelessness, included descriptions of each category and subpopulation so that all reporting agencies were operating with the same definitions. The PIT coordinator generated the PIT count from the HMIS for those participating in the system, then forwarded it along to an agency point of contact to verify accuracy. For non-HMIS programs, the coordinator followed up to make clarifications as needed, then entered the data into the HMIS to generate the PIT report, inclusive of all (HMIS and non-HMIS) reporting agencies. Because the local PIT reports on where homeless persons are sleeping is conducted on this single night community-wide, the chance of duplicate counting is slim.

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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 invididual 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:	X
Interviews:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

N/A

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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The methods employed by the CoC to collect subpopulation data are the same as methods employed to collect homeless data. Subpopulation data needs and definitions are explained to all facility contacts. Each contact person collects the data and submits it to the PIT Coordinator, who reviews the data and calls or visits any sites where there are questions on the population or subpopulation counts. That information is then manually entered into the HMIS system and an electronic report is generated. The report is reviewed by both the PIT Coordinator and the agency contact to ensure accuracy.

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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:

N/A

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).

Entries from non-HMIS providers (i.e., Domestic Violence shelters or those agencies not participating in HMIS) were reviewed by hand, as in past years, to ensure that there was no duplication.

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 methods employed by the CoC to collect quality data on sheltered homeless subpopulations do not differ from the methods described in previous sections. Subpopulation data needs and definitions are explained to all facility contacts who do not utilize the HMIS system. Each contact person collects the data and submits it to the PIT Coordinator, who reviews the data and calls or visits any sites where there are questions on the population or subpopulation counts. That information is then manually entered into the HMIS system and an electronic report is generated. The report is reviewed by both the PIT Coordinator and the agency contact 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:

N/A

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).

Outreach workers and Soup Kitchen staff, under the guidance of the PIT Coordinator, conduct interviews in the soup line with the unsheltered so as to capture their subpopulation information. The PIT Coordinator also reaches out to local grassroots neighborhood agencies that serve known homeless in their area to gather subpopulation data.

The community enhanced efforts toward a more accurate unsheltered count by convening a Homeless Outreach Roundtable meeting at the Men's Shelter of Charlotte prior to the January 2011 PIT. Participants included the PIT Coordinator, homeless services providers, the Charlotte-Mecklenburg Police Department and the DOT. Known camps and chronically homeless persons that frequent certain districts were identified. The objective was not only to develop a more accurate street count, but also to partner with other community stakeholders toward connecting the homeless to services and supports. The Outreach Roundtable initiative is ongoing.

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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:

The CoC found unsheltered homeless persons at a combination of locations using the assistance of grassroots agencies that serve the street homeless, the Department of Transportation (which is familiar with the unsheltered's sleeping locations under bridges/overpasses) and the Charlotte-Mecklenburg Police Department (which has regular contact with persons living outdoors who panhandle and establish camps). During interviews in soup lines to gather subpopulation information of persons who regularly sleep in places not meant for human habitation, outreach workers gathered information provided by clients regarding their sleeping locations.

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

If Other, specify:

The CoC PIT coordinator and PIT count participants have participated in HUD and state training on conducting an unsheltered count. The PIT coordinator collaborates with other outreach workers, provider agencies, the Charlotte-Mecklenburg Police Department and the DOT to reduce duplication and gather subpopulation information.

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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Organizers assigned enumeration teams to specific geographic areas and ensured that the boundaries for each team were clear with maps and verbal or written instructions. As detailed in previous sections, collaboration with various organizations that have frequent contact with the street homeless helps to identify homeless persons and their sleeping locations in each district.

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 Salvation Army prioritizes homeless households with children when the shelter is full. Family Promise, a network of 13 churches, provides shelter and support to homeless families. The Homeless Support Services outreach worker is a critical liaison among homeless families, the school system and service providers working to help families access services and permanent housing. United Way's 211 maintains a current database of housing and services for homeless households with children.

Little improvement is needed in this area of concern, as it is quite rare to identify unsheltered homeless households with children. In such instances, the CoC collaborates with the Charlotte-Mecklenburg School System and A Child's Place to identify and serve homeless households with school-age children. Charlotte Family Housing, a merger between two shelters for families with children (Family Promise and Charlotte Emergency Housing) and WISH (a PSH program for families with children) enables the community to better serve this subpopulation. Further, the monthly Coordination of Services and Housing meeting enables better collaboration among sheltering and provider agencies that work to prevent unsheltered homelessness of households with dependent children.

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

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Mecklenburg County Projects for Assistance in Transition from Homelessness (PATH) uses a dedicated full-time outreach worker and part-time peer support specialist to engage individuals with severe and persistent mental illness who are not already benefitting from services. The staff members aim to create linkages, such as with a primary care physician, mainstream mental health services, or to employment or to mainstream benefits. PATH staff regularly work with outreach staff from the Men's Shelter of Charlotte to share resources and knowledge.

Additionally, Homeless Support Services has workers stationed at host agencies that serve large volumes of persons experiencing homelessness, including the local soup kitchen/drop-in center, which largely targets chronically homeless who live in the streets. Another staff person is at the Men's Shelter of Charlotte and accompanies the organization's outreach staff to the streets/camps to engage the homeless. The Men's Shelter of Charlotte has 3 outreach workers, and has increased and enhanced street outreach and engagement efforts.

In response to community concerns, Mecklenburg County opened the Homeless Resource Center to bring uptown street feedings indoors. In addition to a facility with tables, chairs and restrooms, the county staffs the Center with 2.5 FTE social workers who reach out to those (typically homeless on the streets) who come for meals, in hopes of engaging them in receiving services.

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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? 169

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 269

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 500

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 900

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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The Charlotte-Mecklenburg Coalition for Housing (CMCH), responsible for Ten Year Plan (TYP) implementation, recognizes that a CH supportive services model is essential. A CMCH "Development and Service Integration" committee provides recommendations to develop such PSH. The enclosed PH Bonus request would create 16 new PSH beds for the CH with case management. Urban Ministry Center's scattered-site PSH program expanded from 15 to 20 units in 2011 and will have a 30-unit capacity before 2012, including units created with last year's Bonus award. Moore Place, a new 85-unit facility for the CH, will open by spring 2012. McCreesh Place will complete a 27-unit expansion by 2012, and designate at least 15 of the existing SHP units for the CH through the repurposing process. Fifty new VASH vouchers were received this summer; these will be made available to homeless veterans and their families, with priority given to CH. Turnover in S+C beds will be managed to maximize availability for the CH.

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):

The TYP, created in 2006, calls for 500 PSH units for the CH. The 2010 Vulnerability Index identified 807 CH individuals, half of whom had health conditions associated with a high mortality risk. This helped spur CMCH efforts, resulting in an MOU between the City, County and Housing Authority to leverage supportive service resources. Lack of these services limited past increases in PSH, even when CH clients could pay rent. Over the next five years, St. Peter's House (McCreesh Place) plans to add CH beds. Urban Ministry Center plans to add another 85 beds through a combination of congregate and scattered site units. The community will request additional VASH vouchers and Bonus funds. S+C beds will be managed to maximize availability of beds for CH persons and their families. Over the next decade, the CMCH and others will push to house all area CH. A contracted building in the pre-development phase calls for 80-90 beds for populations that include the disabled, and CH men and women.

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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? 93

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

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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The CoC has consistently met and exceeded this HUD goal, and will continue to do so by consistently linking participants to mental health services, substance abuse prevention and care, health care, financial counseling, life skills and other supports. DSS co-locates eligibility workers at housing sites to facilitate applications for financial supports. When Moore Place, an 85-unit permanent housing facility for CH, opens in early 2012, Mecklenburg County's Community Support Services Department will provide 5 social workers on an ongoing basis. Moore Place prioritizes housing retention over goal attainment in other areas. The City, County and Housing Authority are finalizing an MOU to leverage resources for supportive services. One of the six system goals is "Services will stabilize housing and prevent returns to homelessness."

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):

The CMCH is committed to pairing bricks and mortar with services in order to prevent returns to homelessness. Access to services decreases the odds of disrupted housing. CMCH also plans to seek and advocate for new sources of long-term rental subsidies for those who require it. There are currently 3 full-time SOAR workers in place at Homeless Services Network member agencies (Urban Ministry Center, Men's Shelter of Charlotte and Innovative Community Resources) to assist clients to apply for, access and maximize SSI and SSDI benefits. Increased income enables the homeless to access housing initially, and decrease the incidence of disrupted housing and returns to homelessness.

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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?   63

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   65

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   67

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   70

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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Lack of affordable PH and inadequate employment (Mecklenburg County unemployment is at 11%) are the largest barriers to obtaining and maintaining PH. Landlords are increasingly selective as foreclosures force owners into the rental market. The CoC's short-term plan to combat these factors is as follows.
- Charlotte, Mecklenburg County and the City's Housing Authority will accept proposals for Supportive Housing Development (new construction, rehabilitation and acquisition/rehabilitation). Grants and loans will be available to such projects on land, or in structures, controlled by the applicant. Support for operations, rental assistance and supportive services may also be available.
- TH clients will receive help to qualify for PH whenever appropriate.
- SOAR will expand to ensure that every eligible client has access to an income stream to pay for housing.
- On-site access to collaborative job readiness services and employment leads will continue to be provided.

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):

The CoC's Ten Year Plan includes the following elements.
- The CoC will continue to utilize the strategies noted above.
- The CMCH will advocate for additional permanent housing that follows the "low demand" model in which harm reduction and housing retention are prioritized over achievement of other client goals.
- The CMCH will continue to marry bricks and mortar and rental subsidies with supportive services.
- CMCH is creating a process to utilize Rapid Acquisition and Supportive Service funding to develop supportive housing.
- Some of Hampton Creste's residents will have the option to "transition in place" to have permanent residency (Hampton Creste would still maintain its number of TH units).

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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? 31

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 35

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 45

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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HSN recognizes the challenges in this economy. As job seekers with higher training levels have moved into entry level positions HSN clients have struggled. The Salvation Army and DSS will continue to work collaboratively to help TANF participants gain employment. This ensures that all training opportunities are utilized and that access to job opportunities and employment vouchers is increased. Additionally, Urban Ministry Center is collaborating with Vocational Rehabilitation and Goodwill to have their staff on site at least monthly to enroll clients in employment-related services. The Charlotte-Mecklenburg Coalition for Housing is aware of the need for increased collaboration and information sharing, and that employment is key to sustaining permanent housing. CoC programs prepare participants, and any economic improvements will provide additional opportunities during the next 12 months.

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):

Charlotte-Mecklenburg Schools is working to provide McKinney-Vento-qualified children to with additional supports to remain in school and progress academically. Graduation from high school and completion of higher education will be a bulwark against unemployment. A Child's Place also supports homeless families and assists parents with employment services. As the local economy improves, it is anticipated that there will be additional employment opportunities for the homeless, many of whom have few employable skills.

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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?   293

In 12 months, what will be the total number of homeless households with children?   243

In 5 years, what will be the total number of homeless households with children?   100

In 10 years, what will be the total number of homeless households with children?   50

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

The CoC, in partnership with Charlotte-Mecklenburg Schools' McKinney-Vento liaisons, will ensure that homeless families are identified and linked with appropriate services and supports. The HSN COSH committee continues to coordinate housing and other resources for homeless families with children. In coordination with the CoC and as outlined in the Ten Year Plan, various housing initiatives have been developed with the Charlotte Housing Authority to move families from ES to housing with services. The CMCH seeks to create greater awareness to garner short- and long-term public support for services that effectively end family homelessness. Charlotte-Mecklenburg Schools will regularly participate in planning, as they have documented increased numbers of McKinney-Vento-eligible children that need homes as a first step toward greater success at school.

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

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Goal One of the Ten Year Plan (TYP) is to get homeless families and individuals into safe, appropriate permanent housing as soon as possible. A key strategy is to create 2,000 service-enriched units for those who are homeless, or at risk of becoming homeless, due to economic challenges or lesser disabling conditions. The CMCH embraces the TYP by requiring that projects funded through the Housing Trust Fund include supportive services. Units for homeless families with children are a priority area for those funds. Mecklenburg County, a key CMCH partner, is determining how to pair additional supportive services resources with bricks and mortar to house and assist such households. The Mayor continues to provide leadership on this issue. The Salvation Army and Charlotte Family Housing will work with the Charlotte Housing Authority to expand opportunities to provide such permanent housing units. Several area places of worship are committed to assist.

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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):

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The CoC collaborates with County DSS, the Relatives, Inc., Florence Crittenton Services (FCS), community colleges, and faith-based and nonprofit agencies, to serve the aging-out foster care population. DSS provides supportive services for youth ages 18-21. A permanent home is identified before age 18. At 16, DSS begins a Transition Plan for self-sufficiency, safe and stable housing, academic and vocational achievement, a personal support network, postponed parenthood, avoidance of high-risk behavior and healthcare. Children in care may stay on a voluntary basis. DSS coordinates with separate male and female group residential settings in partnership with FCS and the Relatives/Alexander Youth Network. Four DSS staff serve this population using local, state and federal resources to promote self-sufficiency and stable housing. The Relatives' Journey Place program provides 6 TH beds for this population. These services are consistent with CoC criteria that no one be discharged from foster care into McKinney-Vento housing programs. Aging youth may: remain in foster care until age 21; enter supervised group living facilities; prepare for emancipation with demonstrated skills and resources for independent living; and continue with local education and vocational services. Charlotte Housing Authority and DSS have collaborated on 2 successful Family Unification Program voucher applications and use some vouchers for temporary rental assistance to youth aging out of foster care.

Health Care:

The CoC has a protocol for requesting and accessing appropriate services and options for permanent housing for homeless persons. The CoC has an MOU in place with Presbyterian Hospital that identifies strategies and resources for homeless persons the hospital discharges. The agreement is being updated, because the former administrator who signed the agreement recently left Presbyterian and the CoC is in the process of obtaining the signature of the new administrator. Presbyterian's policy conforms to the CoC requirement that no persons be discharged into McKinney-Vento housing unless they meet HUD's definition of eligibility. Hospital discharge planning staff will communicate with designated CoC members prior to discharge in order to identify appropriate housing and service options. Hospital social workers are invited to participate in CoC meetings and SOAR training. Hospital discharge staff work with CoC representatives to improve access to disability income for homeless persons who frequently access hospital services. A similar arrangement is available for Carolinas Health Care System for discharge planning. They have extensive discharge planning resources within their system and are invited to participate in the CoC discharge planning process. Both hospitals participate in the Point in Time homeless counts. Samaritan House is a respite facility for homeless persons discharged from the hospital and is a regular participant in CoC meetings.

Mental Health:

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The Charlotte Mecklenburg- NC 505 CoC, NC Interagency Council for Coordinating Homeless Programs, and the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services have worked together to refine and implement protocols related to discharge of homeless persons from state mental health hospitals and substance abuse treatment facilities. These protocols are in the form of signed MOUs. The CoC has signed MOUs with Broughton Hospital, J. Iverson Riddle Developmental Center and Black Mountain Neuro-Medical Treatment Center. The MOUs ensure that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. Mecklenburg County Area Mental Health/Local Management Entity (LME) has two discharge care coordinators who focus on assuring that appropriate plans are in place for any individual coming out of a psychiatric facility. Monarch has a 38-bed transitional housing program called Friendship Flight for persons who are being discharged from state and local mental health facilities. Collaborating agencies and stakeholders include the LME, Monarch and the state mental health facilities.

Corrections:

The CoC's current MOU confirms that the Mecklenburg County Sheriff's Office (MCSO) acknowledges the HUD requirement that only eligible homeless persons will be discharged from jail into a McKinney-Vento-funded facility. The MCSO agrees to work with the CoC in meeting this requirement. The jail agrees to utilize CoC-designated staff for discharge planning for homeless inmates, subject to timing of jail release and availability of staff. Jail officials will encourage inmates to utilize these services. Strong partnerships exist with DSS, Area Mental Health, Homeless Support Services and Outreach, Center for Community Transitions, and Hope Haven, as well as the Urban Ministry Center and Men's Shelter. A reentry team has been established to work collaboratively with key community partners and agencies to provide supportive transitional services for inmates, both while incarcerated and post-release in the community. The homeless population is a priority for the reentry team. Within Mecklenburg County the "Justice in the Community Committee" targets persons within the justice system who are mentally ill. One component includes 30 transitional housing beds. The key partners are the jail, MCSO, Mecklenburg County Area Mental Health, Center for Community Transitions, Monarch, Hope Haven and Community Support Services. The MCSO is a regular participant in the CoC meetings.

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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 activities and projects in the CoC strategic plan address many of the goals and priorities in the Charlotte-Mecklenburg Consolidated Plan (CMCP). These include, and are not limited to, creating new, supportive housing opportunities for homeless individuals and families, as well as for those who are chronically homeless. One of the key priorities is to develop a supportive service model that will be aligned with housing the chronically homeless. The strategic plan calls for finalizing a memorandum of understanding between the City, County and Housing Authority to leverage resources for supportive services. A goal of the CoC is to prioritize housing retention and to seek and advocate for new sources of long-term rental subsidies for clients in need. This CoC application includes outcomes that will increase the supply of affordable housing and reduce the length of homelessness.

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 has played a significant role in the development and implementation of the HPRP initiative. In 2009, the CoC worked with the City of Charlotte (the HPRP grantee) to ensure that the public is notified of available resources, that appropriate outreach to potential applicants occurs, and that appropriate processes are in place for referral and service delivery. This work resulted in the development of the successful Project Hope. Project Hope provides households with ongoing supportive services; enables households to maintain stable residency; helps households maximize capacity for independent living; promotes the development of support systems; and promotes self-efficacy and self-proficiency. At the start of Project Hope, temporary work groups were established to screen applicants for eligibility. The work groups became permanent when, over time, members realized that they also created a forum to discuss other cases and troubleshoot difficult issues. As a result, a formal subcommittee of the Homeless Services Network was established. The Coordination of Services and Housing subcommittee meets at least monthly to review housing cases and identify gaps. The committee is made up of CoC providers including staff from shelters, transitional housing programs and SOAR team members (service providers dedicated to enrolling eligible individuals in Social Security Disability or Social Security benefits). This CoC jurisdiction received $1,930,217 in HPRP funds.

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 has successfully implemented the 2010 plan to identify special needs housing developers who assisted in the acquisition and rehabilitation of scattered site housing locations utilizing NSP funds. The Charlotte Housing Authority (CHA) received $2.1 million in NSP funds. In addition, the CoC stakeholders are working with the CHA and Builders of Hope to coordinate referrals for multi-family sites acquired through the Neighborhood Stabilization Program. Three sites have been acquired: 1) a 104-unit development is currently under renovation and will primarily house seniors and provide rental subsidies from CHA; 2) a 23-unit development is currently under renovation, with 8 units completed and the remaining units scheduled for completion by the end of the year, which may house applicants assisted through the HPRP program; and 3) a 239-unit development is close to completion, with over 30 families moved into those renovated units, representing a collaboration between CHA and The Salvation Army, with Salvation Army providing supportive services. The CoC will continue to work with the City of Charlotte to explore development opportunities using various funding sources. The City of Charlotte applied for NSP 2 with the State of North Carolina but did not receive funding. Builders of Hope applied for NSP 3 with the State of North Carolina and received funding for the acquisition and rehabilitation of Bradford Place, which has 44 affordable multi-family units located in the City's revitalization area of Thomasboro-Hoskins.

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 current CoC policy requires agencies that serve children and receive CoC funding to have a designated staff person who ensures that all children are enrolled in school and have access to services.

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)

Community efforts to identify and connect homeless students with services date back to 1989 with the start of A Child's Place (ACP), a local nonprofit and CoC member. ACP works in partnership with Charlotte-Mecklenburg Schools (CMS) to identify and provide services to McKinney-Vento children. CMS, an HSN member, provides transportation, food and educational services to these students. ACP also identifies McKinney-Vento students and provides holistic wrap-around services to make sure students are in school and ready to learn. Although the McKinney-Vento Act requires school systems to have one liaison, CMS has a liaison in every school. CMS trains each liaison on McKinney-Vento legislation, to help with student identification and coordination of services. The trained liaisons work with ACP to provide training to school staff. Area agencies participate in a forum that teaches all of the liaisons about available services. Once registered as McKinney-Vento, a student automatically receives free food service, and transportation is coordinated within 1-2 days through CMS. Children who sign up with ACP are assigned an ACP Masters-level Social Worker. Several agencies in the Network/CoC work closely with families and children, and its practice is to improve access to all needed services for this population. Key agencies include ACP, Salvation Army, Charlotte Family Housing, DSS, Area Mental Health, Community Support Services, the Housing Authority and certain faith-based members.

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)

All CoC agencies work closely with homeless children and their families to meet their basic physical, social and emotional needs. The agencies also work with families to address needs that contribute to their housing crises. This enables the students to be ready and able to learn at school. Examples include:
- Salvation Army, Charlotte Family Housing, Charlotte Housing Authority, Hope Haven and United Family Services work with Battered Women's Shelter to provide emergency shelter, food and case management services to families.
- Jacob's Ladder, Crisis Assistance Ministries, and the Mecklenburg County Departments of Area Mental Health, Social Services, Community Support Services and Parks and Recreation provide additional services to families with children.
- A Child's Place works daily with CMS and other agencies to ensure that children's basic needs are advocated for and met. Regular communication between agencies and CMS ensures that services for children and their families are not duplicated.

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)

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The CoC is employing the following efforts to combat homelessness among veterans, all of which are consistent with CoC strategic plan goals.
- An annual Stand Down is held to provide access to a wide variety of services, including housing and employment assistance. About 200 homeless veterans are provided with tailored information and leads.
- The Salisbury VA Medical Center Homeless Program has an outreach worker who identifies homeless veterans and connects them with supports, including expedited health benefits, to gain housing and stability.
- There are 135 VASH vouchers available with priority for homeless veterans through a partnership between the Charlotte Housing Authority and the VA.
- There are 32 TH beds at Beacon Independent Living for veterans with substance abuse issues. Supportive services, including counseling, case management and job search assistance, are provided.
- Veterans in the Mecklenburg Jail are interviewed by Operation Recovery staff. To date, 424 veterans have been interviewed and 12 housed. Those eligible for VA benefits are routed to the Veterans Administration Veterans Justice Outreach Coordinator, who then assists with housing. Those who are ineligible are assisted by Operation Recovery staff.
- A capital grant was received to provide an additional 60 TH beds for veterans to help in the future. These are anticipated to come on line within a year.
- There are 30 contract emergency beds available for homeless 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):

The third goal of the Charlotte-Mecklenburg County Ten Year Plan to End and Prevent Homelessness is to promote housing stability for families and individuals most at risk of becoming homeless. Staff from a number of agencies in Charlotte formed a subcommittee to work on identifying and building capacity for the youth homeless population. These agencies include Community Link, YWCA and the Charlotte Housing Authority. The Permanent Housing Bonus request submitted with this application by St. Peter's Homes will serve approximately 12-15 young adults aging out of foster care. This development is located near a community college that offers academic and technical coursework opportunities. The Charlotte Housing Authority and the Department of Social Services have collaborated on two successful Family Unification Program voucher applications and are using some of those vouchers to provide temporary rental assistance to youth aging out of foster care.

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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.	162	**Beds**	169	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	90	**%**	93	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	**%**	63	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	35	**%**	31	**%**
Decrease the number of homeless households with children.	240	**Households**	293	**Households**

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

    **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 did not reach two of its proposed FY 2010 objectives.

First, the CoC strived to move at least 65% of homeless persons from TH to PH
in FY 2010, but actually achieved 63%. The primary reasons were delays to the
expansion of McCreesh Place (27 new units) and the opening of Moore Place
(85 new units) due to development complexities, which involved both Charlotte
Housing Authority and HUD participation. McCreesh Place is now moving
tenants in and expects full occupancy in December 2011, and Moore Place will
open in January 2012 with full occupancy by the end of the first quarter of 2012.
Another factor is that the largest of the 5 CoC TH projects (Hope Haven's,
which serves 34% of CoC TH clients) serves substance abuse clients who are
more likely to relapse and break contact. This project has a 41% TH to PH rate,
while the other 4 projects have rates of 70% or higher.

Second, the CoC met the national objective of employing at least 20% of
homeless persons at exit, but fell short of its 35% goal. The CoC anticipated
that the local and national economy would rebound to a greater extent than it
did in FY 2010, but local unemployment remains high. As of August 2011, the
US Department of Labor reports that the Mecklenburg County unemployment
rate is 11%, compared to 9.1% in the US and 10.4% in NC. CoC members
report that highly skilled workers are obtaining jobs previously available to
clients with fewer skills.

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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	374	127
2010	307	164
2011	298	169

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.   5

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					
Operations		$32,722			
Total	$0	$32,722	$0	$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):

Not applicable.

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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)	65
b. Number of participants who did not leave the project(s)	314
c. Number of participants who exited after staying 6 months or longer	58
d. Number of participants who did not exit after staying 6 months or longer	296
e. Number of participants who did not exit and were enrolled for less than 6 months	18
TOTAL PH (%)	93

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	513
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	324
TOTAL TH (%)	63

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: 1,255

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	186	15	%
SSDI	124	10	%
Social Security	11	1	%
General Public Assistance	0	0	%
TANF	83	7	%
SCHIP	8	1	%
Veterans Benefits	6	0	%
Employment Income	384	31	%
Unemployment Benefits	63	5	%
Veterans Health Care	27	2	%
Medicaid	279	22	%
Food Stamps	459	37	%
Other (Please specify below)	0	0	%
No Financial Resources	357	28	%

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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 CoC Working Group reviews APRs annually and regularly discusses recommended strategies to improve access to mainstream programs.

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

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

The CoC's planning committee met on the second Wednesday of every month from 2PM to 4PM. These meetings often included representatives from mainstream programs who presented to CoC members on participation in mainstream services. This ensured that the largest number of program representatives received accurate and up-to-date information. Committee members regularly exchanged information about various topics including mainstream program modifications and availability. Also, this year a committee was developed specifically to address and expand access to SOAR services. This committee meets bi-monthly.

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

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

If yes, identify these staff members   Provider Staff

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

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If "Yes", specify the frequency of the training. annually (every year)

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).

The CoC participated in SOAR trainings in January and August 2010. The CoC also sponsored a ¿SOAR Essentials¿ training in February 2010 to educate CoC member agencies on the value of training staff in the SOAR model to help homeless clients access mainstream benefits. The CoC continues to have a SOAR team that meets monthly for planning and oversight. The NC Coalition to End Homelessness is working with the CoC to explore best practices for collaborating with local hospitals so that it will improve access to medical records that are necessary for successful SOAR cases. The CoC will strive to strengthen its relationship with area hospitals during the next year.

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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:**	100%
Information is captured at intake to assess client eligibility for mainstream benefits and is reassessed at all meetings with case workers.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	85%

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:**	0%

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
The follow-up process involves the routine evaluation of progress toward client goals for self sufficiency, and periodic verification of income and benefits received. Data is entered into HMIS, including benefit renewal dates.	

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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
Phase IV Permanen...	2011-10-26 09:22:...	1 Year	Hope Haven Inc	52,867	Renewal Project	SHP	PH	F
SPC Renewal A-11	2011-10-26 12:29:...	1 Year	Mecklenburg County	1,404,660	Renewal Project	S+C	TRA	U
McCreesh Place 2011	2011-10-26 13:15:...	1 Year	St. Peter's Homes...	33,333	Renewal Project	SHP	PH	F
THREADS HMIS FY2011	2011-10-25 17:01:...	1 Year	Hope Haven Inc	63,000	Renewal Project	SHP	HMIS	F
Transitional Hous...	2011-10-26 13:26:...	1 Year	Hope Haven Inc	383,500	Renewal Project	SHP	TH	F
333 Hawthorne Lan...	2011-10-27 13:27:...	2 Years	St. Peter's Homes...	262,311	New Project	SHP	PH	P1
SPC New Samaritan...	2011-10-25 19:58:...	1 Year	Mecklenburg County	125,928	Renewal Project	S+C	TRA	U
ACCESS	2011-10-27 14:12:...	1 Year	Mecklenburg Count...	361,127	Renewal Project	SHP	SSO	F
SATH	2011-10-24 11:57:...	1 Year	Salvation Army	226,646	Renewal Project	SHP	TH	F
Assessment and Su...	2011-10-25 14:51:...	1 Year	Community Link, P...	459,665	Renewal Project	SHP	TH	F
SPC Renewal B-11	2011-10-25 20:50:...	1 Year	Mecklenburg County	309,780	Renewal Project	S+C	TRA	U
Vocational Traini...	2011-10-26 13:19:...	1 Year	Hope Haven Inc	53,980	Renewal Project	SHP	SSO	F

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STRETCH	2011-10-24 12:02:...	1 Year	Salvation Army	87,499	Renewal Project	SHP	TH	F
Homeless Support ...	2011-10-22 09:24:...	1 Year	Mecklenburg County	145,136	Renewal Project	SHP	SSO	F

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Budget Summary

FPRN	$1,866,753
Permanent Housing Bonus	$262,311
SPC Renewal	$1,840,368
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	10/28/2011

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Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan - C/MC NC-505

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