1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

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

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

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

Instructions:

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

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

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 60%

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

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

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Each regional committee of the NC Balance of State CoC elects a representative to serve on the Steering Committee. This process was established to provide broad geographic representation for the decision-making process.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

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

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

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
NC Balance of State Steering Committee	Coordinates statewide activities on homelessness across all agencies and jurisdictions in the Balance of State CoC area (79 out of 100 counties in the state)	Monthly or more
Permanent Housing Committee	Reviews APR data to improve PH performance	Quarterly
Transitional Housing Committee	Reviews APR data to improve Transitional Housing performance	Quarterly
Review Criteria Committee	Determines criteria for reviewing project applications	Semi-annually
Project Review and Ranking Committee	Reviews and ranks project applications	Semi-annually

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

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

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1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
NC Office of the Governor	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
NC Department of Health and Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
NC Housing Finance Agency	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
NC Vocational Rehabilitation	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
NC Cooperative Extension	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
USDA/Rural Development	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Walter B. Jones ADATC	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
NC Senate	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
NC House of Representatives	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
City of Rocky Mount	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
NC Dept. of Juvenile Justice and Delinquency Pr...	Public Sector	State g...	Committee/Sub-committee/Work Group	Youth
NC Housing Coalition	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Pitt County Government	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
NC Dept. of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Office of State Budget and Management	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
CASA, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
NC Dept. of Public Instruction	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
NC DHHS Office of Economic Opportunity	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

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

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

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

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Jackson DSS	Public Sector	Local g...	None	NONE
Macon DSS	Public Sector	Local g...	None	NONE
Swain DSS	Public Sector	Local g...	None	NONE
Graham DSS	Public Sector	Local g...	None	NONE
Four Square Community Action (Southwest)	Public Sector	Public ...	None	NONE
Haywood Christian Ministries	Private Sector	Faith-b...	None	NONE
Jackson United Christian Ministries	Private Sector	Faith-b...	None	NONE
Good Samaritan Clinic (Southwest)	Private Sector	Hospita...	None	NONE
Salvation Army (Southwest)	Private Sector	Non-pro...	None	NONE
Jackson County Family Resource Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Employment Security Commission (Southwest)	Public Sector	State g...	None	NONE
Legal Aid of WNC	Private Sector	Other	None	NONE
Community Table (Southwest)	Private Sector	Non-pro...	None	Seriously Me...
The Open Door (Southwest)	Private Sector	Non-pro...	None	NONE
Dept. of Vocational Rehab. Services (Southwest)	Public Sector	State g...	None	NONE
Christian Love Ministries (Southwest)	Private Sector	Faith-b...	None	Substance Abuse
Reach of Jackson County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Southwest Community College	Public Sector	School ...	None	NONE
Southwestern Child Care Commission	Private Sector	Non-pro...	None	Youth
Southwest Reach of Haywood County	Private Sector	Non-pro...	None	Domestic Vio...

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

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Carteret Section 8 Housing	Public Sector	Public ...	None	NONE
Twin Rivers Opportunities (Neuse)	Private Sector	Non-pro.. .	None	NONE
City of New Bern Housing Authority	Public Sector	Public ...	None	NONE
Beaufort Community College	Public Sector	School ...	None	NONE
City of Washington Police Dept.	Public Sector	Law enf...	None	NONE
VJ Ministerial (Neuse)	Private Sector	Funder ...	None	Seriously Me...
Options to DV/SA (Neuse)	Private Sector	Non-pro.. .	None	Domestic Vio...
Habitat for Humanity (Neuse)	Private Sector	Non-pro.. .	None	NONE
Beaufort County Development Center	Private Sector	Non-pro.. .	None	NONE
Martin County Community Action	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
Martin Enterprises	Private Sector	Non-pro.. .	None	Seriously Me...
Roanoke Developmental Center	Private Sector	Non-pro.. .	None	Seriously Me...
Eagles Wings (Neuse)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Domes.. .
Zion Shelter (Neuse)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
New Fellowship Soup Kitchen (Neuse)	Private Sector	Faith-b...	None	NONE
Salvation Army (Neuse)	Private Sector	Faith-b...	None	NONE
SANE (Neuse)	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
The Arc of Beaufort County	Private Sector	Non-pro.. .	None	NONE
Red Cross (Neuse)	Private Sector	Non-pro.. .	None	NONE

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Friends of Families (Neuse)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth, Domes.. .
Religious Community Services (Neuse)	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
Beaufort-Hyde Community Developers	Private Sector	Non-pro.. .	None	NONE
Hope Village (Neuse)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Neuse Health Dept.	Public Sector	Loca l g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
City of Greenville Planning Dept.	Public Sector	Loca l g...	Authoring agency for Consolidated Plan	NONE
Pitt County Planning Dept.	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Pitt County Dept. of Social Services	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Greenville Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	Veteran s
Farmville Housing Authority	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Greenville Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Pitt County Schools	Public Sector	Sch ool ...	Attend 10-year planning meetings during past 12 months	Youth
Vietnam Veterans of America (Ptt)	Private Sector	Non-pro.. .	None	Veteran s
Disabled American Veterans (Pitt)	Public Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s
Eastern Carolina Behavioral Health (Pitt)	Public Sector	Loca l g...	Lead agency for 10-year plan, Attend 10-year planning mee...	Seriousl y Me...
Bridges of Hope (Pitt)	Private Sector	Busi ness es	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
ReStart, Inc. (Pitt)	Private Sector	Busi ness es	None	Seriousl y Me...
Vocational Rehabilitation (Pitt)	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Martin County Community Action	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of Pitt County	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE

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PORT Human Services (Pitt)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Independent Living Rehabilitation Program (Pitt)	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Habitat for Humanity (Pitt)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Salvation Army (Pitt)	Private Sector	Non-pro...	None	NONE
Family Violence Program (Pitt)	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Flynn Christian Homes for Men (Pitt)	Private Sector	Non-pro...	None	Substance Abuse
Legal Aid of NC (Pitt)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Greenville Community Shelter	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Zoe House (Pitt)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Ayden United Methodist Church	Private Sector	Faith-b...	None	NONE
Bernstein Community Health Center (Pitt)	Private Sector	Non-pro...	None	NONE
Catholic Charities (Pitt)	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Pitt Dept. of Social Services Work First Employ...	Public Sector	Local g...	None	NONE
East Carolina University Psychiatry Outpatient ...	Public Sector	School...	None	Seriously Me...
God's Love (Pitt)	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	NONE
HOPE Station (Pitt)	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
JOY Soup Kitchen (Pitt)	Private Sector	Faith-b...	None	NONE
Mental Health Association (Pitt)	Private Sector	Non-pro...	None	Seriously Me...
Pitt Area Transit System (PATS)	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Subst...

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Pitt County AIDS Service Organization (PICASO)	Private Sector	Non-pro...	None	HIV/AIDS
Pitt County Community Development	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Pitt County Dept. of Social Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Pitt County Health Dept.	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Pitt County Memorial Hospital (Behavior Health ...	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
STRIVE North Carolina (Pitt)	Private Sector	Non-pro...	None	NONE
The Phildaelphia House (Pitt)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
The Village (Pitt)	Private Sector	Non-pro...	None	Substance Abuse
Veteran's Outreach Center (Combat Veterans) - Pitt	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
Walter B. Jones Alcohol and Drug Abuse Treatmen...	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Substance Abuse
Asheboro Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	HIV/AIDS
Christian's United Outreach Center (Randolph)	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
East Side Improvement Association, Inc. (Randolph)	Public Sector	Public ...	Committee/Sub-committee/Work Group	Veterans
Greater St. John Baptist Church (Randolph)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Subst...
Habitat for Humanity (Randolph)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Latino Coalition of Randolph County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Mental Health Association & Helpline in Randolph	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Randolph County Schools	Public Sector	School...	Committee/Sub-committee/Work Group	Youth
Randolph County Senior Adults Association, Inc.	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Sandhills Center LME (Randolph)	Public Sector	State g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Seriously Me...

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United Way of Randolph County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Joblink (Randolph)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Su...
Therapeutic Alternatives, Inc. (Randolph)	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Salvation Army (Randolph)	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Family Crisis Center (Randolph)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Randolph County Dept. of Social Services	Public Sector	Local g...	None	Veterans, Su...
Asheboro Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Habitat (Chatham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Chatham Council on Aging	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Do...
Chatham Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Vocational Rehab/Independent Living (Chatham)	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
NCRCAP (Chatham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Empowerment (Chatham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Town of Siler City	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Economic Development Corporation (Chatham)	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Family Violence & Rape Crisis (Chatham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Cardinal Chase Apartments (Chatham)	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Arc of NC (Chatham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
NC DHHS (Chatham)	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
OPC Area Program (Chatham)	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...

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Meeting Place (Burke)	Private Sector	Non-pro...	Primary Decision Making Group	Substance Abuse
Olive Hill Community & Economic Development Cor...	Private Sector	Non-pro...	None	NONE
Morganton Public Safety	Public Sector	Law enf...	None	NONE
Outreach Center (Burke)	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Broughton Hospital (Burke)	Public Sector	Local g...	None	Seriously Me...
Burke Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Catawba Mental Health/Mental Health Partners	Private Sector	Other	None	Seriously Me...
House of Refuge (Burke)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Good Samaritan Clinic (Burke)	Private Sector	Non-pro...	None	HIV/AIDS
Options, Inc. (Burke)	Private Sector	Non-pro...	None	Domestic Vio...
Burke United Christan Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Uplift (Burke)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Flynn Christian Fellowship Home (Burke)	Private Sector	Non-pro...	None	Substance Abuse
McDowell Mission Ministries, Inc.	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans, Su...
Shelter Home of Caldwell County, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Crossroads Behavioral Healthcare (Surry)	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Vocational Rehabilitation (Surry)	Public Sector	State g...	None	NONE
Surry County Dept. of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Surry County Health and Nutrition Center	Public Sector	Local g...	None	NONE
Office of Veteran's Affairs (Surry)	Public Sector	State g...	None	Veterans
Surry Community College	Public Sector	School...	Committee/Sub-committee/Work Group	NONE

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Elkin Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Mt. Airy Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
The Ark (Surry)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
The Greater Mt. Airy Ministry of Hospitality (S...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Foothills Food Pantry (Surry)	Private Sector	Faith-b...	None	NONE
New River Behavioral Healthcare (Caldwell)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Tri-County Crisis Ministry (Surry)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Salvation Army (Surry)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Yokefellow (Surry)	Private Sector	Faith-b...	None	NONE
Dobson Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Wake Forest Baptist Medical Center (Surry)	Private Sector	Hospita...	None	NONE
ASAP (Surry)	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Hugh Chatham Hospital (Surry)	Private Sector	Hospita...	None	NONE
Legal Aid of North Carolina (Surry)	Private Sector	Non-pro...	None	Seriously Me...
Employment Security Commission (Surry)	Public Sector	State g...	None	NONE
Joblink Career Center (Surry)	Private Sector	Non-pro...	None	NONE
Tri-County Health Resource Center (Surry)	Private Sector	Non-pro...	None	NONE
Surry Medical Ministry	Private Sector	Non-pro...	None	NONE
Surry Homeless and Affordable Housing Coalition	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

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DSHH (Iredell)	Public Sector	Stat e g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Iredell DSS	Public Sector	Loca l g...	Authoring agency for Consolidated Plan	Seriousl y Me...
Iredell Health Dept.	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
5th St. Shelter (Iredell)	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	NONE
New River (Iredell)	Private Sector	Non-pro.. .	None	Seriousl y Me...
New Beginnings Chuch (Rockingham)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Hands of God (Rockingham)	Private Sector	Non-pro.. .	None	NONE
Hampton Heights Baptist Church (Rockingham)	Private Sector	Faith -b...	None	NONE
Stoneville Police Dpt.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Madison Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Reidsville Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Rockingham Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Remmsco Men (Rockingham)	Private Sector	Non-pro.. .	None	NONE
Remmsco Women (Rockingham)	Private Sector	Non-pro.. .	None	NONE
Rockingham County Mental Health	Public Sector	Loca l g...	None	Seriousl y Me...
Vocational Rehab - Rockingham	Public Sector	Stat e g...	None	NONE
Rockingham Council on Aging	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Veteran's Service Organization (Rockingham)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Veteran s
Joy A. Shabazz Center - Rockingham	Private Sector	Non-pro.. .	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Home Savings Bank (Rockingham)	Private Sector	Busi ness es	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Rockingham County Help for Homeless	Private Sector	Non-pro.. .	Lead agency for 10-year plan, Attend 10-year planning mee...	Seriousl y Me...

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New Reidsville Housing Authority	Public Sector	Public c ...	Committee/Sub-committee/Work Group	NONE
Rockingham DSS	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Salvation Army (Rockingham County)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Rockingham County Caregivers	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity - Rockingham	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Help, Inc. (Rockingham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Goodwill Community Resource Center (Rockingham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Red Cross (Rockingham)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Business Disability Advocate (Rockingham)	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Joblink (Rockingham)	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Rockingham County Dept. of Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Rockingham County Commissioners	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Rockingham Community College	Public Sector	School ...	Primary Decision Making Group, Attend 10-year planning me...	Youth
Business Insurance Agency (Rockingham)	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Rockingham County School System	Public Sector	School ...	Primary Decision Making Group, Attend 10-year planning me...	Youth
Mayor of Eden	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Stoneville Town Council	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Reidsville Outreach	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Tim Bradshaw Business (Rockingham)	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Alamance Dept. of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...

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City of Burlington	Public Sector	Local g...	Lead agency for 10-year plan, Authoring agency for Consol...	NONE
May Memorial Library (Alamance)	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Vocational Rehabilitation (Alamance)	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Burlington Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Graham Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Alamance-Burlington School System	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Alamance Community College	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Burlington Police Department	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Employment Security Commission (Alamance)	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Women's Resource Center (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Habitat for Humanity (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Family Abuse Services (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Allied Churches Drop In Center (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
The Arc of NC (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Alamance County Community Services Agency	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Residential Treatment Services (Alamance)	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Allied Churches of Alamance County	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Veterans, Su...
Ebenezer United Church of Christ (Alamance)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
United Way of Alamance County	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Psychotherapeutic Services (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...

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Clara T.	Individual	Hom eles...	Committee/Sub-committee/Work Group	NONE
Alamance LME	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Piedmont Behavorial Healthcare	Public Sector	Loca l g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Stanly County DSS	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Davidson County DSS	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Rowan County DSS	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Union County DSS	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Cabarrus County DSS	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
City of Kannapolis	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Concord	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
City of Salisbury	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Cabarrus County	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Concord PHA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Lexington PHA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
City of Albemarle PHA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
City of Salisbury PHA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Rowan County PHA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Thomasville PHA	Public Sector	Publi c ...	None	NONE
East Spencer PHA	Public Sector	Publi c ...	None	NONE
Stanly County Schools	Public Sector	Sch ool ...	None	Youth
Kannapolis City Schools	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Rowan Cabarrus Community College	Public Sector	Sch ool ...	None	NONE

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Lexington City Schools	Public Sector	Sch ool ...	None	Youth
Union School District	Public Sector	Sch ool ...	None	Youth
Cabarrus County Schools	Public Sector	Sch ool ...	None	Youth
Stanly Community College	Public Sector	Sch ool ...	None	Youth
Davidson County School District	Public Sector	Sch ool ...	None	Youth
Salisbury Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Cabarrus County Sheriff	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Concord Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Kannapolis Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Lexington Police	Public Sector	Law enf...	None	NONE
Stanly County Sheriff	Public Sector	Law enf...	None	NONE
Albemarle Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Union County Sheriff	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Monroe Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
JobLink (Piedmont)	Public Sector	Loca l w...	None	NONE
National Black Veterans (Piedmont)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veteran s
National Alliance for Mentally Ill (Piedmont)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Davidson Community Action	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Habitat Cabarrus	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
ARC (Piedmont)	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

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MHA of Central Carolinas (Piedmont)	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	Seriousl y Me...
Community Family Advisory Council (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Partnership for Children (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Lexington Housing CDC	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Monroe-Union CDC	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Salisbury CDC	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Turning Point (Piedmont)	Private Sector	Non-pro.. .	None	Domesti c Vio...
Prosperity Unlimited (Piedmont)	Private Sector	Non-pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Piedmont Regional HIV/AIDS Consortium	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	HIV/AID S
Love Center for Community Enhancement (Piedmont)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Veteran s, Su...
Rowan Helping Ministries	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Veteran s, Su...
Rowan Crisis Council	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
Habitat Lexington	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Habitat Thomasville	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Cabarrus Cooperative Christian Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Prosperitiy Ministry (Piedmont)	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Davidson Crisis Ministry	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Higher Level Mission (Piedmont)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
United Way (Piedmont)	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE

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Youth/Adult Managed Care (Piedmont)	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	Seriousl y Me...
Day Mark Recovery Services (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Wachovia Bank (Piedmont)	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Rowan Regional Medical Center	Private Sector	Busi ness es	None	NONE
Rowan Health Dept.	Public Sector	Loca l g...	None	NONE
Union Health Dept.	Public Sector	Loca l g...	None	NONE
Community Free Clinic (Piedmont)	Private Sector	Non-pro.. .	None	NONE
Stanly Health Dept.	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Davidson County Health Dept.	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Cabarrus County Health Dept.	Public Sector	Loca l g...	None	NONE
Davidson Medical Ministry	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Path of Hope, Inc. (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substan ce Abuse
Monarch (Piedmont)	Private Sector	Non-pro.. .	None	Seriousl y Me...
RHA Health Services (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Homes of Hope, Inc. (Piedmont)	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Community Link (Piedmont)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Veteran s, Se...
Family Promise of Cabarrus County	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	Youth
Family Services of Davidson County, Inc.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
Stanly County Crisis Council	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
Cabarrus County CVAN	Private Sector	Faith -b...	None	Domesti c Vio...

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Union County Community Shelter	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Davidson Cooperative Community Ministry	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Elizabeth City (Albemarle)	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Pasquotank County	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Pasquotank DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Elizabeth City Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Elizabeth City State University	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Elizabeth City / Pasquotank Public School System	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Elizabeth City Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Pasquotank Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Albemarle Area United Way	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Albemarle Hopeline	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Albemarle Red Cross	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Disabled American Veterans (Albemarle)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
Faith Tabernacle Shelter (Albemarle)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Food Bank of the Albemarle	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
New Beginnings Shelter (Albemarle)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Northeastern Community Development Corporation ...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
River City Community Development Corporation (A...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Wesley Hospitality House (Albemarle)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

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Catholic Charities (Albemarle)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Good Shepherd Lutheran Church (Albemarle)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Salvation Army (Albemarle)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Albemarle Health Systems	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	NONE
Albmarle Hospital	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	NONE
NC Coop. Extension Service (Albemarle)	Public Sector	Stat e g...	None	NONE
City of Rocky Mount	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Nash County Dept. of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Edgecombe County Dept. of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Edgecomber County Planning Dept.	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Nash County Planning Dept.	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Nash/Rocky Mount Schools	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Upper Coastal Plain Council of Governments (Twi...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Veterans Service Office (Twin Counties)	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Veteran s
Nash-Edgeombe Mental Health	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Rocky Mount Housing Authority	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Rocky Mount Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
My Sister's House (Twin County)	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Rocky Mount Edgecombe CDC	Private Sector	Non- pro.. .	None	Veteran s
Christian Fellowship Home of Nash-Edgecombe Cou...	Private Sector	Non- pro.. .	None	Substan ce Abuse
United Community Ministries (Twin Counties)	Private Sector	Non- pro.. .	Primary Decision Making Group, Lead agency for 10-year pl...	Youth, Subst...

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Nash-Edgecombe Economic Development, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Salvation Army (Twin County)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
PACC-OIC (Twin County)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
The Wright Center (Twin County)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Se...
Tri-County Industries (Twin Counties)	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Bethesda House/Fellowship of Christ Church (Twi...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
First Baptist Church (Twin County)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Rocky Mount United Way	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Rocky Mount Area Chamber of Commerce	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
RBC Centura (Twin Counties)	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Eastern Carolina Mediation (Twin Counties)	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Tarboro Community Outreach	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Legal Aid (Twin County)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Coastal Plain Hospital and Counseling Center (T...	Private Sector	Hospita...	Committee/Sub-committee/Work Group	Seriously Me...
Nash County Health Dept.	Public Sector	Local g...	None	NONE
Nash Community College	Public Sector	School...	None	NONE
Edgecombe Community College	Public Sector	School...	None	NONE
Down East Partnership for Children (Twin County)	Private Sector	Non-pro...	None	Youth

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Single Women in Ministry (Twin County)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Agricultural Extension Dept. (Twin County)	Public Sector	Local g...	None	NONE
YMCA (Twin County)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Family Resource Centers (Twin County)	Private Sector	Non-pro..	None	NONE
Oxford House (Twin County)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, Su...
City of Jacksonville	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Onslow-Carteret BHS	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Onslow Community Ministries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Onslow Memorial Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Onslow Board of Education	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Onslow County Health Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Onslow County Part/Children	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Onslow OUTS (transit)	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Onslow Women's Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (Onslow)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Second Chance Mission (Onslow)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Way (Onslow)	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Onslow Community Ministries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, HI...
Positive Wellness Alliance (Piedmont)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS

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Habitat Stanly	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Down East Council on Hispanic and Latino Affairs	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
ARC of NC (Beaufort and Craven)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Triad Therapy Mental Health Center, LLC	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Homeless Coalition of Onslow	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Se...
Easter Seals UPC (Surry)	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Caregivers of Rockingham County, Inc.	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Mount Airy Habitat for Humanity	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Pilot Mountain Outreach Ministry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Surry Housing Consortium	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
ARC (Alamance)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Safe Haven of Person County	Private Sector	Non-pro...	None	Domestic Vio...
Wilson County Interfaith Services, Inc.	Private Sector	Non-pro...	None	Veterans, Su...
ARC of Cherokee/Clay Counties	Private Sector	Non-pro...	None	NONE
Jackson County Public Transit	Public Sector	Local g...	None	NONE
Swain Public Transit	Public Sector	Local g...	None	NONE
Clay County Transportation	Public Sector	Local g...	None	NONE
Cherokee County Transit	Public Sector	Local g...	None	NONE
Unifour Organizing Coalition	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth

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Person County Re-entry Partnership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Subst...
Freedom House Recovery Center	Private Sector	Non-pro...	None	Seriously Me...
Randolph County Joblink	Private Sector	Non-pro...	None	Veterans, Youth
Burlington Development Coproration	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Real Crisis, Inc.	Private Sector	Non-pro...	None	NONE
Greenville Independent Living Rehabilitation Pr...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Project Working Recovery	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
United Christian Ministries of Jackson County	Private Sector	Non-pro...	None	NONE
City of Greenville Community Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Crisis Ministry of Davidson Co.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Se...
Diakonos	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Eastern Catawba Cooperative Christian Ministry	Private Sector	Non-pro...	None	NONE
Catawba County Dept. of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
Catawba Valley Community College	Public Sector	School...	Committee/Sub-committee/Work Group	Youth, Domes...
Safe Harbor Rescue Mission, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Hurlburt Johnson Friendship House Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
ALFA	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
City of Morganton	Public Sector	Local g...	Authoring agency for Consolidated Plan	NONE

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Catawba County United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Helping Hands Clinic	Private Sector	Non-pro.. .	None	Substan ce Abuse
Family Care Center of Catawba Valley, Inc.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth, Domes.. .
American Indian Mothers Inc.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth, Subst...
Cooperative Christian Ministry	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
ARC of Union County	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
ECHO Ministry, Inc.	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Substan ce Abuse
New River Behavorial Health (Surry)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Eastpointe Human Services	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Smoky Mountain Center--Central Region (Alexander)	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
McDowell County Dept. of Social Services	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...

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

Instructions:

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

Open Solicitation Methods:
(select all that apply)

f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply)

g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply)

c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), 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?

Yes

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

Two years ago, a CoC funding applicant submitted a Fair Housing complaint to HUD after the Balance of State Project Review and Steering Committees voted not to forward the agency's application due to poor program design and lack of implementation infrastructure. Earlier in 2009, HUD's Fair Housing Unit cleared the BoS/DHHS of any wrong-doing and declared the Fair Housing complaint unfounded. The applicant has since filed an appeal of that decision, and the process to resolve is ongoing.

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

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

Emergency Shelter: Yes

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

The number of emergency shelter beds increased in the 2009 housing inventory because our two CoCs merged and additional agencies became part of the inventory. Also, several seasonal shelters were in operation in 2009 that did not exist in 2008.

Safe Haven: No

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

There are no Safe Haven beds in the 2009 inventory, and there were none last year.

Transitional Housing: Yes

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

There was a decrease in the number of transitional beds in the 2009 inventory as compared to the 2008 inventory because some providers closed or repurposed beds and those beds are no longer in the transitional inventory.

Permanent Housing: Yes

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

The number of permanent housing beds increased in 2009 as compared to 2008 because new providers joined the CoC, and because new units of permanent housing were developed, including beds for the chronically homeless.

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

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 NC BoS eHIC	11/23/2009

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Attachment Details

Document Description: 2009 NC BoS eHIC

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy) 01/28/2009

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

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

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

Specify "other" data types:

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

The HUD unmet need formula was used to determine the basic amount of unmet need. The final unmet need was adjusted using provider opinion to ensure applicability to local areas. The unmet need for emergency shelter and transitional housing reflects the fact that a number of geographic areas of the state still do not have any kind of shelter at all, while in other areas, the available shelter and transitional housing may be designated for specific needs (many for domestic violence). Permanent housing is a need in all geographic areas.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-504 - Greensboro/High Point CoC, NC-513 - Chapel Hill/Orange County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-508 - Anson, Moore, Montgomery, Richmond Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina CoC, NC-500 - Winston Salem/Forsyth County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

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

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

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

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

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

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

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

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

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

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

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

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

Instructions:

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

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

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

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

* Emergency Shelter (ES) Beds	51-64%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

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

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

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The CoC's Carolina Homeless Information Network (CHIN) staff are working with individual regional CoCs and agencies to provide training and specific technical assistance and support to assist agencies in entering their beds into the inventory. The NC Balance of State CoC Steering Committee has increased the scoring incentives for HMIS participation for project applicants in CoC competitions. The NC BOS Permanent Housing and Transitional Housing Committees review and will continue to review progress of existing grantees closely in their quarterly performance reviews.

Our Emergecy Shelter Bed Coverage is low largely due to the number of small, unfunded shelters that are in our region. 64% (580 beds) of year-round beds that are not covered by HMIS are in 27 agencies that are not funded by McKinney-Vento. 18 of these agencies have less than 20 beds in their facility. Many of them are volunteer run and do not have staff or other necessary resources or capacity to participate in HMIS. Without the requirement to participate in HMIS for funding, these agencies are resistant to put financial or volunteer hours into a computer system that tracks information that many of them are not tracking for their programs. We plan to continue to educate these facilities about the statewide benefits of HMIS and how HMIS data can impact the households they are assisting. We will also explore strategies such as regional staff who can assist with data entry for these agencies in order to efficiently compensate for resources that they do not have.

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

Instructions:

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

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	2%	9%
* Date of Birth	2%	0%
* Ethnicity	1%	0%
* Race	0%	0%
* Gender	1%	0%
* Veteran Status	4%	7%
* Disabling Condition	6%	18%
* Residence Prior to Program Entry	4%	8%
* Zip Code of Last Permanent Address	5%	14%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

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Did the CoC or subset of CoC participate in AHAR 4?   No

Did the CoC or subset of CoC participate in AHAR 5?   Yes

How frequently does the CoC review the quality of client level data?   Monthly

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

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

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

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

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

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

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

Instructions:

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

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

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

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

Instructions:

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

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

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

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

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

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

If 'Yes' indicate date of last review or update by CoC: 08/03/2009

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

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2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

Instructions:

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

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

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

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

Households with Dependent Children				

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	171	91	66	328
Number of Persons (adults and children)	513	270	178	961

Households without Dependent Children				

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	835	376	604	1,815
Number of Persons (adults and unaccompanied youth)	846	380	634	1,860

All Households/ All Persons				

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	1,006	467	670	2,143
Total Persons	1,359	650	812	2,821

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2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	140	40	180
* Severely Mentally Ill	198	39	237
* Chronic Substance Abuse	429	116	545
* Veterans	127	35	162
* Persons with HIV/AIDS	7	6	13
* Victims of Domestic Violence	238	11	249
* Unaccompanied Youth (under 18)	17	0	17

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).
 CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

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

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

Emergency shelter providers: 99%

Transitional housing providers: 98%

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

Instructions:

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

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

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

The NC Interagency Council for Coordinating Homeless Programs (NC ICCHP) determined the date for the statewide point in time count (January 28, 2009). The NC Coalition to End Homelessness (NCCEH) staff provided training and technical assistance to agencies in the CoC to prepare them for the count and provided follow-up. The HUD Guide for Counting Sheltered People was utilized, as well as assistance from HUD TA Providers. Agencies used HMIS, other administrative records and client surveys to determine the number and subpopulation type of clients sheltered on January 28, 2009. Many agencies were able to use HMIS to obtain their data or to verify their counts. NCCEH collected PIT surveys that included the numbers of sheltered homeless and housing Inventory information for all participating agencies in the Balance of State CoC. BoS CoC leadership then compared the manual PIT results to the HMIS PIT report to ensure data quality and used this information to strengthen our HMIS use.

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

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This year our sheltered count was higher than last year, partly because more agencies joined into the Balance of State COC, and more agencies participated in the count. The increase was mostly in emergency shelter, and some of it may be due to local economic conditions, which have worsened this year, in addition to the higher incidence of reporting.

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

Instructions:

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

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

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

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

If Other, specify:

Administrative records were used to report clients' subpopulation information.

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

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The NC Interagency Council for Coordinating Homeless Programs (NC ICCHP) determined the date for the statewide point in time count (January 28, 2009). The NC Coalition to End Homelessness (NCCEH) staff provided training and technical assistance to agencies in the CoC to prepare them for the count and provided follow-up. The HUD Guide for Counting Sheltered People was utilized, as well as assistance from HUD TA Providers. Agencies used HMIS, other administrative records and client surveys to determine the number and subpopulation type of clients sheltered on January 28, 2009. The client demographic & need survey was designed with HUD TA provider assistance. Many agencies were able to use HMIS to obtain or verify their subpopulation data. NCCEH collected PIT forms with subpopulation data all participating agencies in the Balance of State CoC.

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

This year our overall sheltered count was higher than last year, partly because more agencies joined into the Balance of State COC, and more agencies participated in the count.   However, the number of chronically homeless who were reported sheltered in emergency shelter was lower, while the number of families with dependent children and victims of domestic violence sheltered in emergency shelter were higher, representing a larger proportion of emergency beds used. This increase in families with dependent children may be partly due to local economic downturns, including the loss of local industries in some areas.

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

Instructions:

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

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

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

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

If Other, specify:

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

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

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

Instructions:

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Training and technical assistance was provided to CoC agencies by the NC Coalition to End Homelessness. HUD's Guide to Counting Unsheltered People and assistance from HUD's TA Providers were used. Persons conducting the count were careful to define specific geographic areas in which to count to avoid multiple counts in a common area. Then, homeless persons being interviewed were specifically asked if they had previously been interviewed, and if so, were not re-counted. In areas where service-counts were conducted, surveys were printed on a bright colored piece of paper; households were asked if they'd completed the survey before. Surveys also included the first two letters of the person's first and last name, birthday, and gender to assist with de-duplication.

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

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

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

The BoS has numerous agencies and faith-based groups that provide street outreach on an ongoing basis to identify and engage unsheltered persons. In addition, a strong outreach effort is undertaken in partnership with law enforcement agencies during the Point-in-Time Count, in which persons performing the count seek out and attempt to engage unsheltered persons.

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

Comparing the 2009 count to the 2008 count shows an increase in counted unsheltered persons, from 777 last year to 812 this year. Because this increase is relatively small (35 people, or a 5% increase), it could be attributed to normal variations such as weather conditions on the night of the count as well as improved methods of locating unsheltered persons. In addition, increased demand for shelter (due to economic constraints, unemployment, and housing loss) may result in some agencies having to turn clients away, which would also raise the numbers of unsheltered persons during the count. BoS agencies are also continuing to strengthen our methods for counting.

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

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

Instructions:

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

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

Our CoC is actively applying for new funding to create additional permanent beds for the chronically homeless; we are proposing funding for more than 15 new CH beds in this CoC application. Member agencies are also actively seeking state and local funding, as well as coordinating with NSP initiatives to maximize opportunities to create new beds or identify existing beds that could be repurposed to serve the chronically homeless. CoC leadership will provide technical assistance and training to all BoS communities, guiding them through opportunities to create or repurpose beds to serve the chronically homeless including setting Housing Authority preferences. HPRP providers are being trained to partner with Housing Authorities in order to secure long-term rental assistance for this higher-need population, while also utilizing HPRP assistance in order to prevent or rapidly re-house households before they are homeless for a long period of time.

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

We will continue to seek federal, state, and local funding to create new beds, and will work actively with landlords to identify existing beds that can be repurposed to serve CH persons. Our Governor's Office works with us through the NC Interagency Council for Coordinating Homeless Programs to implement collaboration and policies aimed at ending homelessness in our state, and the state's Consolidated Plan provides for development of additional permanent supportive housing using HOME & NC Housing Trust Fund funding to increase permanent housing. We will continue to redesign our system with the assistance of HPRP dollars to prevent households from becoming homeless and to rapidly re-house households in order to reduce chronic homelessness. In addition to seeking Housing Authority preferences for this population, we will continue & increase the use of SOAR to access SSI/SSDI benefits. These benefits allow chronically homeless persons to access targeted units in our Tax Credit properties.

How many permanent housing beds do you currently have in place for chronically homeless persons?

71

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How many permanent housing beds do you plan to create in the next 12-months? 15

How many permanent housing beds do you plan to create in the next 5-years? 35

How many permanent housing beds do you plan to create in the next 10-years? 55

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

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

Instructions:

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

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

We have already reached the threshold, but we will strengthen our performance further by collecting APR data from all existing grantees and convening a Permanent Housing subcommittee at least quarterly to review that data and recommend needed technical support or assistance, sponsored by the NC Council for Coordinating Homeless Programs (NC ICCHP) and provided by the North Carolina Coalition to End Homelessness (NCCEH), to grantees who are not meeting the goal. We will also increase scoring incentives for positive performance for those applying for CoC funding.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

We have exceeded the objective but we will continue to strengthen our performance by collecting APR data from grantees quarterly and convening the Permanent Housing subcommittee quarterly to review that data, and will continue to provide technical assistance, sponsored by the NC ICCHP and provided by NCCEH, to those not yet meeting the goal. We will further strengthen scoring incentives for applicants for CoC funding. Peer mentoring and additional training will also be used to strengthen performance of grantees on this objective.

What percentage of homeless persons in permanent housing have remained for at least six months? 78

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

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 83

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In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 85

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

We have already exceeded this threshold,and will continue to strengthen our performance by collecting APR data quarterly from all grantees and convening the Transitional Housing Subcommittee on a quarterly basis to review that data. Technical assistance, sponsored by the NC Interagency Council for Coordinating Homeless Programs (NC ICCHP), and provided by the North Carolina Coalition to End Homelessness (NCCEH), will be given to grantees whose performance does not yet meet our goals. We will also strengthen scoring incentives for higher performance for applicants for CoC funding.

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

We have exceeded the objective but we will continue to strengthen our performance by collecting quarterly APR data from grantees and convening the Transitional Housing Committee quarterly to review that data. Technical assistance sponsored by the NC ICCHP and provided by NCCEH will be provided to grantees who need to increase performance. Scoring incentives will continue to be strengthened for applicants for CoC funding. Peer mentoring and additional training will also be used to strengthen performance on this objective.

What percentage of homeless persons in transitional housing have moved to permanent housing? 83

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 85

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 86

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In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 87

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

We have already surpassed the threshold but will continue to strengthen and improve performance by collecting APR data quarterly from all grantees and convening the Permanent Housing and Transitional Housing subcommittees to review that data. Technical assistance, sponsored by the NC Interagency for Coordinating Homeless Programs (NC ICCHP) and provided by the North Carolina Coalition to End Homelessness (NCCEH), will be provided to grantees who need to improve performance. Scoring incentives will be strengthened for applicants for CoC funding.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

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

What percentage of persons are employed at program exit? 24

In 12-months, what percentage of persons will be employed at program exit? 26

In 5-years, what percentage of persons will be employed at program exit? 28

In 10-years, what percentage of persons will be employed at program exit? 30

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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 is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

We are actively applying for new funding to create additional housing for homeless households with children; we are proposing a statewide total of over 40 new units of permanent housing for families in this CoC application. Member agencies are also actively seeking state and local funding as well as coordinating with NSP initiatives to maximize opportunities to create new housing. We are working to identify existing housing that could be repurposed for use by homeless families and are working to create homeless preferences for Housing Authority units and vouchers. HPRP assistance is being utilized in order to prevent or rapidly re-house households before they are homeless for a long period of time. BoS leadership will provide BoS agencies training on accessing mainstream and new HPRP resources for homeless families.

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

We will continue to seek federal, state, and local funding to create new housing and will work actively with community landlords to identify existing housing units that can be repurposed to serve homeless families. Our Governor's Office works with us proactively through the NC Interagency Council for Coordinating Homeless Programs to implement state-wide strategies to end homelessness and the state Consolidated Plan provides for use of state ESG and other emergency assistance funding to support aggressive prevention efforts and supportive services delivery to reduce the number of homeless families with children. These funds will be increased with the new Emergency Solutions Grant program and continued HPRP activities. We will redesign our system with housing stablization at its core.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?   328

In 12-months, what will be the total number of homeless households with children?   280

In 5-years, what will be the total number of homeless households with children?   200

In 10-years, what will be the total number of homeless households with children?   180

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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 developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs.   In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs).   Response should address the following:

 ¿ What? Describe the policies that have been developed or are in the process of being developed.
 ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
 ¿ Who? Identify the stakeholders or collaborating agencies.

 Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

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

Health Care:

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

Mental Health:

The NC Balance of State CoC has worked with the ICCHP members from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (The Division) to refine and implement protocols related to discharge of homeless people from state mental health hospitals and substance abuse treatment facilities. The Division's Office of State Operated Services and the ICCHP co-sponsored three regional trainings on appropriate discharge practices, and these trainings prepared both the Continua and the State's hospitals and treatment centers to refine their discharge practices. The NC Coalition to End Homelessness coordinated these trainings and is continuing to disseminate the lessons and further the conversations from these trainings. These protocols have been finalized in MOAs that are signed by each hospital, treatment program, and the CoC. The MOAs ensure that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. FY2009 data indicates that 82% of people discharged from mental health institutions go to other outpatient and residential non-state facilities. CoC leadership is continuing to work with the division of Mental Health to create appropriate housing for persons being discharged from Mental Health Institutions. BoS leadership is continuing to educate homeless providers and hospital staff on discharge regulations in order to avoid routine discharge into homelessness.

Corrections:

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The NC Interagency Council for Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Corrections (DOC). DOC representatives have been participating members of the ICCHP's Discharge Planning Workgroup for over 4 years. In addition, representatives from DOC participated in trainings on homelessness and discharge planning. Prisons across NC are not allowed to sign MOAs with local Continua; instead all MOAs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. We anticipate the protocols will be implemented by winter 2010. In addition, the CoC has developed MOAs with local county jails. The MOAs confirm that the jails will not discharge anyone into a McKinney-Vento funded facility that does not meet HUD's definition of an eligible homeless person. In addition, jail staff are invited to participate in local COC meetings. FY2009 data indicate that approximately 91% of offenders are discharged to family, friends, or their own home.

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3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

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

Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

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

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

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The CoC is participating in and coordinating with the HPRP initiative through the NC Interagency Council for Coordinating Homeless Programs, the Governor's Office of Economic Recovery and Investment and NC Coalition to End Homelessness as well as through member agency participation in utilizing HPRP funding at the local level. CoC leadership crafted the substantial amendment and funding application, served on the award committee, and is overseeing the implementation plan. CoC agencies are educated on HPRP developments during CoC monthly meetings. The State distributed funding competitively to local agencies for Prevention and Rapid Re-Housing Activities. Thirteen of the twenty grantees are from the Balance of State region. The CoC is using HPRP to provide financial assistance and housing stabilization services to homeless and at-risk households. In order to make better use of community resources, the funding is being used to shift our system to have housing stabilization at the center. This new focus will allow us to serve households more effectively by intervening before they become homeless or to re-house households who do become homeless as quickly as possible. This new funding is particularly important in our counties where there is no emergency shelter option.

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

The CoC is coordinating with local NSP initiatives through the NC Interagency Council for Coordinating Homeless Programs, the Governor's Office of Economic Recovery and Investment, and the Division of Community Assistance. CoC leadership has educated CoC agencies about NSP, HUD VASH and CDBG-R opportunities, and local CoC member agencies are coordinating with NSP initiatives in their communities. Local members in HUD VASH areas coordinate with the Housing Authorities and VA in their communities to ensure a comprehensive system of housing and services for persons receiving HUD VASH assistance. The CoC has coordinated with the Interagency Council for Coordinating Homeless Programs, the Governor¿s Focus on Veterans, the Consolidated Planning process, and the CDBG and NSP administrators to encourage several activities, not limited to: 1) using NSP rehabbed homes available for rental units as sites for HPRP permanent rental housing; 2) identify NSP neighborhoods as locations for HPRP outreach; 3) use CDBG or CDBG-R renovated rental housing as possible sites for HPRP permanent rental housing; 4) use HUD-VASH vouchers as permanent housing resources for homeless veterans served through the CoC.

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4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	44	Beds	71	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	72	%	78	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	81	%	83	%
Increase percentage of homeless persons employed at exit to at least 19%	46	%	24	%
Decrease the number of homeless households with children.	354	Households	328	Households

Did CoC submit an Exhibit 1 application in 2008?   Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

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Although we made progress on every objective compared to our previous baseline, we did not fully meet our hoped for achievements on increasing the percentage of homeless persons employed, primarily due to state and local economic difficulties. Although our performance on the percentage of persons employed at exit exceeded HUD's objective, we had planned to increase it still further; however high local unemployment rates in many counties due to the decline of traditional industries such as manufacturing and textiles created obstacles in the form of fewer jobs and greater competition for those jobs by other highly skilled persons. Despite these challenges, we did make progress on every objective, and surpassed our goals on all but employment.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	267	40
2008	237	43
2009	180	71

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.   28

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$191,100	$569,280	$0	$0	$171,360
Total	$191,100	$569,280	$0	$0	$171,360

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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):

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	61
b. Number of participants who did not leave the project(s)	240
c. Number of participants who exited after staying 6 months or longer	36
d. Number of participants who did not exit after staying 6 months or longer	199
e. Number of participants who did not exit and were enrolled for less than 6 months	41
TOTAL PH (%)	78

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	52
b. Number of participants who moved to PH	43
TOTAL TH (%)	83

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 113

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	24	21	%
SSDI	14	12	%
Social Security	4	4	%
General Public Assistance	0	0	%
TANF	3	3	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	27	24	%
Unemployment Benefits	2	2	%
Veterans Health Care	0	0	%
Medicaid	27	24	%
Food Stamps	40	35	%
Other (Please specify below)	3	3	%
Child support, Nonprofit agency support			
No Financial Resources	11	10	%

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

Does CoC have projects for which an APR should have been submitted?   Yes

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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 Energy Star initiative go to: http://www.energystar.gov

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

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

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

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

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

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

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

The NC Bos CoC Permanent Housing subcommittee and Transitional Housing subcommittee each meet at least three times per year, usually quarterly, to assess progress based on APRS of projects in their areas; the Steering Committee is informed of results.

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.

Feb. 18, 2009; Apr. 21, 2009; Aug. 13, 2009

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? No

If yes, identify these staff members

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

If "Yes", specify the frequency of the training. Quarterly

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.

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Has the CoC participated in SOAR training?   Yes

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

Dec. 1, 2008 (in Morganton, NC); May 12, 2009 (in Fayetteville, NC); June 15 (in Chapel Hill, NC). In addition, CoC leadership provide ongoing support and technical assistance for NC SOAR.

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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:**	77%
Most of our agencies assist people in completing applications, including assisting with the paperwork. In addition, several of the programs have SOAR trained caseworkers who are able to use the SOAR methodology to assist with SSI/SSDI applications. One county has secured dedicated SOAR staff. In about 5% of the agencies, assistance is only provided to persons who have reading and writing difficulties.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	71%

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%
None	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	83%
4a. Describe the follow-up process:	
83% of our agencies report that they do conduct some form of follow up if an extended period of time has passed between the time of a benefit application and the decision. In most cases, the agencies' case manager will conduct a telephone follow up with the benefit case manager to inquire about the status of the application and determine if additional information is needed.	

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

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

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

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

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Part B - Page 1

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

1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If you select No, skip to question 4.	No
2. Does your state require that a local jurisdiction?s comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	No
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	No
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	No
7. Does your state have specific enabling legislation for local impact fees? If No, skip to question 9.	No
8. If you responded Yes to question 7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	No

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Part B - Page 2

10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI) the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?	Yes
11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" at http://www.huduser.org/publications/destech/smartcodes.html.	No
12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state?s own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly describe.	Yes
The Department of Environment and Natural Resources has developed general permits for similar activities; performs a "Wetlands Triage Process twice weekly to determine if some 401 certification applications can be issued rapidly through general certifications; has expanded its "Express Permitting"; and is working on data management projects to increase efficiency and effectiveness of permitting.	
13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?	Yes
14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states Consolidated Plan submitted to HUD? If yes, briefly describe.	No
15. Has the state undertaken any other actions regarding local jurisdiction?s regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.	Yes
GC 160A-383.1 approved that localities cannot refuse zoning for manufactured housing; GS 168A-22 approved that certain family care homes must be treated as residential for zoning	

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Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
"Seeds of Change"	2009-11-20 09:07:...	5 Years	Housing Authority...	752,520	New Project	S+C	TRA	P9
Carolina Homeless...	2009-11-20 14:59:...	1 Year	North Carolina Ho...	8,369	Renewal Project	SHP	HMIS	F
Kerr - Tar Perman...	2009-11-20 15:37:...	5 Years	five county menta...	274,860	New Project	S+C	TRA	F7
AIMI SHP NEW	2009-11-20 09:35:...	3 Years	American Indian M...	481,026	New Project	SHP	PH	F12
Smoky Mountain Ce...	2009-11-16 12:02:...	5 Years	Smoky Mountain Ce...	219,180	New Project	S+C	TRA	F4
Mountain Youth Re...	2009-11-19 13:09:...	1 Year	Mountain Youth Re...	10,175	Renewal Project	SHP	TH	F
Eastpointe Shelte...	2009-11-20 10:40:...	5 Years	Eastpointe Human ...	425,880	New Project	S+C	TRA	F2
Carolina Homeless...	2009-11-20 15:14:...	1 Year	North Carolina Ho...	10,096	Renewal Project	SHP	HMIS	F
SHAHC Permanent H...	2009-11-16 15:49:...	3 Years	Surry Homeless an...	129,427	New Project	SHP	PH	F8
Supportive Housin...	2009-11-22 21:45:...	1 Year	Sandhills Communi...	240,792	Renewal Project	SHP	TH	F
Renewal	2009-11-18 11:49:...	1 Year	Crossroads Behavi...	38,468	Renewal Project	SHP	PH	F
Kerr Tar Renewal ...	2009-11-20 13:35:...	1 Year	five county menta...	176,856	Renewal Project	S+C	TRA	U
Chatham-Person S+C	2009-11-20 16:27:...	5 Years	OPC Mental Health...	568,800	New Project	S+C	TRA	F1

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East Carolina Beh...	2009-11-16 13:35:...	1 Year	East Carolina Beh...	272,568	Renewal Project	S+C	TRA	U
Shelter Plus Care...	2009-11-18 11:52:...	5 Years	Crossroads Behavi...	336,000	New Project	S+C	TRA	F6
PBH 2009 Shelter ...	2009-11-20 08:54:...	5 Years	Piedmont Behavior...	633,840	New Project	S+C	TRA	F3
Shelter Plus Care...	2009-11-20 14:12:...	5 Years	Smoky Mountain Ce...	260,400	New Project	S+C	TRA	F5
GHA 2009 Renewal 1	2009-11-16 12:01:...	1 Year	Graham Housing Au...	57,960	Renewal Project	S+C	TRA	U
Carolina Homeless...	2009-11-20 16:00:...	1 Year	North Carolina Ho...	570,203	Renewal Project	SHP	HMIS	F
Burke UCM SHP-TH ...	2009-11-18 18:24:...	1 Year	Burke United Chri...	69,112	Renewal Project	SHP	TH	F
PBH Shelter Plus ...	2009-11-16 16:02:...	1 Year	Piedmont Behavior...	81,576	Renewal Project	S+C	TRA	U
Safe at Home	2009-11-19 11:29:...	5 Years	Mental Health Par...	217,080	New Project	S+C	TRA	F11
Christians United...	2009-11-18 14:38:...	1 Year	Christians United...	82,284	Renewal Project	SHP	TH	F
PRCoC 2 Renewal	2009-11-18 14:56:...	1 Year	Community Link, P...	148,890	Renewal Project	SHP	TH	F
LME 2009 Renewal 1	2009-11-16 11:54:...	1 Year	Alamance-Caswell ...	130,536	Renewal Project	S+C	TRA	U
Alamance Women's ...	2009-11-19 16:18:...	3 Years	Residential Treat...	180,676	New Project	SHP	PH	F10
STEPS	2009-11-18 16:17:...	1 Year	Burlington Develo...	74,215	Renewal Project	SHP	TH	F
PRCoC 1 Renewal	2009-11-18 14:54:...	1 Year	Community Link, P...	119,457	Renewal Project	SHP	TH	F
Surry County Perm...	2009-11-18 12:02:...	1 Year	Surry Homeless an...	60,120	Renewal Project	SHP	PH	F
LME 2009 Renewal 2	2009-11-16 11:56:...	1 Year	Alamance-Caswell ...	98,700	Renewal Project	S+C	TRA	U

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Budget Summary

FPRN	$5,159,350
Permanent Housing Bonus	$752,520
SPC Renewal	$818,196
Rejected	$0

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Attachments

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

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Attachment Details

Document Description: Consolidated Plan Certifications of Consistency

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