

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

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

### Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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

### Instructions:

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

**CoC Name and Number (From CoC Registration):** NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC

**CoC Lead Agency Name:** Reinvestment in Communities, Inc.

# 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:** Reinvestment in Communities/Care Connection

**Indicate the frequency of group meetings:** quarterly (once each quarter)

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

The majority of the work is performed within the sub-groups and sub-committees. If items require the decision-making group meet more often than quarterly, special meetings are called (such as special meetings held related to the HPRP funding opportunity, changes/updates in CoC strategic plan, etc.)

**Indicate the legal status of the group:** 501(c)(3)

**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)** 65%

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

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input checked="" type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>

Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**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):**

Membership is open to any community individual or organization that has an interest in providing services to the homeless in the process of ending homelessness. A person or agency representative may attend a meeting and present a request for membership. Members present vote to accept or reject the request. This open process was selected to ensure the broadest range of participation and ensures coordination and collaboration among providers, government, faith-based entities, consumers and private industry. If the selection process is too limited, the ability to have a diverse and broad community support would be limited as well.

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

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**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):**

Reinvestment in Communities has been and remains the lead agency since 2004. Based on history of the knowledge of the agencies among all the non-profits, Reinvestment in Communities has the most experience and knowledge pertaining to the administration of the CoC. Staff has experience in project/activity oversight. Staff has been involved in CoC programs for 26 cumulative years (in Gaston, Lincoln, Cleveland Counties of N.C.) Staff has administered COC grants, reviews APRs and monitors agency programs.

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

**Instructions:**

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

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

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Care Connection	Main decision-making body of the CoC. Group makes and approves policy or policy changes, monitors and acts upon sub-committee recommendations, sets and approves goals, determines community and program priorities, nominates leadership of main group as well as sub-committee chairs and co-chairs, sets meetings, agendas, reports activity changes, reports new or discontinued availability of services related to homeless participants, determines and monitors group outcomes.	quarterly (once each quarter)
Housing Support Committee	Coordinates housing availability for homeless and disabled consumers, works to address and develop additional housing options(focusing primarily on permanent and permanent supportive housing). This tri-county committee includes service support agencies that are both profit and non-profit. Committee also coordinates available targeted units through the State Dept. of Health and Human Services.	Bi-monthly
CHIN Support Committee	Monitors local HMIS participation, data quality for each participating agency, addresses system issues, coordinates local training with CHIN staff, plans and implements PIT Counts and CoC Housing Inventory. Chairperson serves on Statewide CHIN Advisory Cmte.	Bi-monthly
Services Committee	Plans and implements all special events including Project Homeless Connect twice yearly, has implemented local technical training for community support workers to assist disabled homeless with SSI and SSDI benefits based on the SOAR concept.	Bi-monthly
Ten-Year Planning Cmtes.	One work group for each county within the CoC because of the diverse nature of each county. At least two members of the main decision-making group attend the planning meetings and report progress to the main group in order to ensure CoC-wide collaboration. The planning committees plan, implement and/or update their respective plans.	Bi-monthly

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

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

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Employment Security Commission	Public Sector	State g...	Primary Decision Making Group	NONE
City of Gastonia-Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City of Shelby	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Cleveland County Dept. of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Gaston County Dept. of Social Services	Public Sector	Local g...	Primary Decision Making Group	NONE
Pathways MH/DD/SA LME	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
N. C. Dept. of Health & Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Gastonia Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Gaston County Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Cleveland County Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Lincoln County Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
City of Gastonia Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
City of Shelby Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Lincoln County Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
U.S. Dept. of Agriculture-Rural Development	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
As One Ministries	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse

Cleveland County Abuse Prevention Council	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Cleveland County Health Alliance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cleveland Vocational Industries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Gastonia Residential Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Carolyn Smith	Individual	Hom eles s	Committee/Sub-committee/Work Group	NONE
Regional HIV/AIDS Consortium	Private Sector	Non-pro..	Primary Decision Making Group	HIV/AID S
Reinvestment in Communities, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
The Shelter of Gaston County	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Cleveland County United Way	Private Sector	Fun der ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Gaston County United Way	Private Sector	Fun der ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Lincoln County United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
With Friends, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Sisters of Mercy-Catherine's House	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Hesed House of Hope	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Shelby Presbyterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Central Methodist Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
The Salvation Army	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Saint Vincent de Paul	Private Sector	Faith -b...	Primary Decision Making Group	NONE
Insight Human Services-PATH Program	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...

Mercy Center	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Gaston Interfaith Hospitality Network	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Isothermal Planning Commission	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Cleveland County Community Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Cornerstone Christian Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Footprints Carolina	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Shelby Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Crossroad Mission	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Donna Beal	Individual	Other	Committee/Sub-committee/Work Group	NONE
Cathy Davis	Individual	Other	Committee/Sub-committee/Work Group	NONE
Roberta Taylor Robidoux	Individual	Formerl..	Committee/Sub-committee/Work Group	NONE
Dick Shafer	Individual	Other	Committee/Sub-committee/Work Group	NONE
Carl Higginbotham	Individual	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Inter-Faith Alliance of Shelby	Private Sector	Non-pro..	Primary Decision Making Group	Veterans, Su...
Veterans Services of Gaston County	Public Sector	Local g...	Primary Decision Making Group	Veterans



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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Employment Security Commission

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

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

**Role(s) of the organization:** Primary Decision Making Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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  - Services provided, if applicable

**Name of organization or individual:** City of Gastonia-Community Development

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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  - Organization role in the CoC planning process
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  - Services provided, if applicable

**Name of organization or individual:** City of Shelby

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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**Name of organization or individual:** Cleveland County Dept. of Social Services

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Gaston County Dept. of Social Services

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

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

**Role(s) of the organization:** Primary Decision Making Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Pathways MH/DD/SA LME

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Prescription Assistance, Mental health, Alcohol/Drug Abuse  
(select all that apply)

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

**Name of organization or individual:** N. C. Dept. of Health & Human Services

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** Gastonia Housing Authority

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

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

**Role(s) of the organization:** Primary Decision Making Group, Attend  
(select all that apply) Consolidated Plan planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** Gaston County Schools

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

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

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Name of organization or individual:** Cleveland County Schools

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Name of organization or individual:** Lincoln County Schools

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Name of organization or individual:** City of Gastonia Police Department

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** City of Shelby Police Dept.

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** Lincoln County Sheriff's Dept.

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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- Type of organization
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- Services provided, if applicable

**Name of organization or individual:** U.S. Dept. of Agriculture-Rural Development

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** As One Ministries

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**



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

**Name of organization or individual:** Cleveland County Abuse Prevention Council

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Cleveland County Health Alliance

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Cleveland Vocational Industries

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Gastonia Residential Services

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Carolyn Smith

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Regional HIV/AIDS Consortium

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

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

**Role(s) of the organization:** Primary Decision Making Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Reinvestment in Communities, Inc.

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** The Shelter of Gaston County

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

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

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Legal Assistance  
(select all that apply)

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



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

**Name of organization or individual:** Cleveland County United Way

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

**Name of organization or individual:** Gaston County United Way

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

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

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

**Name of organization or individual:** Lincoln County United Way

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** With Friends, Inc.

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

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

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Sisters of Mercy-Catherine's House

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

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

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Hesed House of Hope

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Shelby Presbyterian Church

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Central Methodist Church

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** The Salvation Army

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Case Management, Utilities Assistance, Rental Assistance  
(select all that apply)

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

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

**Name of organization or individual:** Saint Vincent de Paul

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

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

**Role(s) of the organization:** Primary Decision Making Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Insight Human Services-PATH Program

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Mercy Center

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Gaston Interfaith Hospitality Network

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

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

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Isothermal Planning Commission

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Cleveland County Community Development Corporation

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Cornerstone Christian Center

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**



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

**Name of organization or individual:** Footprints Carolina

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Shelby Housing Authority

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

**Name of organization or individual:** Crossroad Mission

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Donna Beal

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Cathy Davis

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Roberta Taylor Robidoux

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Dick Shafer

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Carl Higginbotham

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**



Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Inter-Faith Alliance of Shelby

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

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

**Role(s) of the organization:** Primary Decision Making Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Veterans Services of Gaston County

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

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

**Role(s) of the organization:** Primary Decision Making Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

### Instructions:

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

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

**Open Solicitation Methods: (select all that apply)** f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s): (select all that apply)** g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, 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 Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

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

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** Yes

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

With Friends disagreed with the CoC voting process used in selecting agencies for new funding. Before the final vote, all members were given opportunity to express any concerns, etc. about the voting process and no one disagreed. The CoC Chair, co-chair and lead agency staff reviewed the details of the minutes and stood by the original decision of the CoC members. However, in the future, CoC will ensure a formal vote on each decision related to and leading up to final decision on funding selection.

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

**Emergency Shelter:** Yes

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

Seasonal beds were recalculated from previous year to reflect the average number of beds that would be opened on an annually basis.

**Safe Haven:** Not Applicable

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

**Transitional Housing:** Yes

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

One Transitional Housing program decreased by one bed due to change in program.

**Permanent Housing:** Yes

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

Increase in beds is related to better utilization of Shelter+Care.

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

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

### Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

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

### Must specify other:

**Indicate the type of data or method(s) used to determine unmet need: (select all that apply):** Unsheltered count, HMIS data, Other, Housing inventory, Stakeholder discussion

### Specify "other" data types:

Review of subpopulations and beds not utilized during PIT Count.

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

We began with the PIT unsheltered count, identified unsheltered counts subpopulations by individual, discussed with stakeholders the type of housing needed for each subpopulation, reviewed unsheltered that did not fall into any subpopulation and then we subtracted under-utilized bed space for each housing type.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

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

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

**Select the HMIS implementation coverage area:** Regional (multiple CoCs)

**Select the CoC(s) covered by the HMIS: (select all that apply)** NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-504 - Greensboro/High Point CoC, NC-513 - Chapel Hill/Orange County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-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

**Is the HMIS Lead Agency the same as the CoC Lead Agency?** No

**Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Yes

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** ServicePoint

**What is the name of the HMIS software company?** Bowman Systems, Inc.

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 05/01/2006

**Indicate the challenges and barriers impacting the HMIS implementation:** No or low participation by ESG funded providers  
(select all the apply):

**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).**

NA.

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

The CoC has identified those agencies receiving ESG funding and plans to visit, in-person, the agencies and personally encourage their participation in the CoC and motivate as to the advantages of participating in the HMIS.

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

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

**Organization Name** North Carolina Housing Coalition

**Street Address 1** 118 St. Mary's Street

**Street Address 2**

**City** Raleigh

**State** North Carolina

**Zip Code** 27605

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** Yes



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

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

**Prefix:** Ms.  
**First Name** Laura  
**Middle Name/Initial**  
**Last Name** McDuffee  
**Suffix** Jr.  
**Telephone Number:** 336-455-7316  
**(Format: 123-456-7890)**  
**Extension**  
**Fax Number:** 919-881-0350  
**(Format: 123-456-7890)**  
**E-mail Address:** lmcduffee@nchousing.org  
**Confirm E-mail Address:** lmcduffee@nchousing.org

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

### Instructions:

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

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

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

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

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

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

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

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

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

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

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

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	6%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	1%
* Disabling Condition	1%	3%
* Residence Prior to Program Entry	0%	2%
* Zip Code of Last Permanent Address	0%	24%
* Name	0%	0%

**How frequently does the CoC review the quality of client level data?** At least bi-monthly

**How frequently does the CoC review the quality of program level data?** At least bi-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.

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

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

**Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

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

**Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?** Yes

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

### Instructions:

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

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

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

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

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

<b>Integrating or warehousing data to generate unduplicated counts:</b>	At least	Semi-annually
<b>Point-in-time count of sheltered persons:</b>	At least	Semi-annually
<b>Point-in-time count of unsheltered persons:</b>	At least	Semi-annually
<b>Measuring the performance of participating housing and service providers:</b>	At least	Semi-annually
<b>Using data for program management:</b>	At least	Annually
<b>Integration of HMIS data with data from mainstream resources:</b>	Never	

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

**Instructions:**

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

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

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

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

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

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

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

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

**If 'Yes' indicate date of last review or update by CoC:** 10/11/2010

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

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

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

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

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

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

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

### Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

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

**Enter the date in which the CoC plans to conduct its next point-in-time count:** 01/26/2011  
(mm/dd/yyyy)

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

**Emergency Shelter:** 100%  
**Transitional Housing:** 100%

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



This year we saw an overall decrease of 67% in Unsheltered populations; 53% decrease in number of Households with Dependent Children; and 39% decrease in number of Households Without Dependent Children. Overall we saw a decrease of 44% total persons including children. With the security deposit program, tenant-based rental assistance and assisting disabled people with securing disability benefits, the CoC works to ensure people move quickly to permanent and permanent supportive housing. HPRP monies were granted in our counties as well and has contributed to this improvement. A dedicated SOAR worker assists homeless with disability benefits that would provide them with housing. Through the Housing Support Committee a concentrated outreach effort to identify street homeless with disability income, refer them to services and identify housing units targeted for persons with disabilities. Housing Committee Chairperson alerts via e-mail of housing availability as it occurs. Additionally, the CoC did extensive surveys at the PiT Count and determined that many of the self-reporting unsheltered homeless who come to the day center had sporadic housing situations with relatives and friends and did not meet the HUD definition of homeless on the PiT count period; therefore, they were not included in the homeless count. We provided the State of N.C. with an additional report that included the count of households/persons who were eminently homeless or precariously housed.

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

### Instructions:

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

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

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

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

As with the prior year, homeless clients can opt out of having their information entered into HMIS so it is important to survey providers to ensure a 100% sheltered count. All agencies were provided with count sheets for clients without consent for entry into HMIS. When count sheets were retrieved from agencies a follow-up telephone survey was conducted with each agency to ensure accuracy.

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

### Instructions:

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

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

	<b>HMIS</b>	<input checked="" type="checkbox"/>
	<b>HMIS plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b>		<input type="checkbox"/>
	<b>Sample strategy:</b>	<input type="checkbox"/>
	<b>Provider expertise:</b>	<input type="checkbox"/>
	<b>Interviews:</b>	<input type="checkbox"/>
	<b>Non-HMIS client level information:</b>	<input checked="" type="checkbox"/>
	<b>None:</b>	<input type="checkbox"/>
	<b>Other:</b>	<input type="checkbox"/>

If Other, specify:

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

CoC used HMIS for all sub-population counts plus manual counts for those without consent to be entered into HMIS.

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

### Instructions:

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

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

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

<b>Instructions:</b>	<input checked="" type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

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

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

### Instructions:

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

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

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

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

### Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

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

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

**If Other, specify:**

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

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

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

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

With the service-based count we used de-duplication factors, which are: person's full initials, age, race, gender, familial status, grade completed in school and location where they stated they slept on the night of the count. Our CoC captures 85%+ unsheltered homeless data in HMIS through their use of the local day center in Gastonia; therefore, we compared HMIS data with unsheltered counts.

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



Outreach is through the day center for homeless, the local hospitals, local emergency shelters, local homeless prevention programs and the local school system social workers and counselors. Reinvestment in Communities administers a comprehensive TBRA program that has been used to quickly re-house families who have the potential to become self-sufficient quickly. The Gastonia Housing Authority gives preference to families with children. In Cleveland County, the local housing authority works with the local shelter to re-house families quickly. In Lincoln County, the Dept. of Social Services has a program to quickly re-house homeless families with children. Gaston, Lincoln & Cleveland Counties applied to the State for HPRP funds and was awarded \$1.5 million over a three year period to help reduce unsheltered homeless 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):**

Through the regional MH/DD/SA Area Authority (Pathways LME), street outreach has been a high priority to meet, identify and connect homeless individuals with services. Additionally, Pathways LME have staff that work in the local jail system to ensure those released have appropriate meds and housing when they are released. The Gastonia day shelter is a low demand program that provides the opportunity to identify homeless, their disabilities and connect them with services. Through CoC members there has been a concentrated effort to identify street homeless with disability income, refer them to services, identify housing units targeted for persons with disabilities and work toward housing placement.

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

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

##### Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

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

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

The CoC is making application for funding to both U.S. Dept. of HUD and the State of N.C. to construct housing with rental subsidy and to advocate with other funding sources to provide leasing assistance for market rate apartments. HOME Set-Aside for CHDO's will be used to leverage public and private dollars to create housing opportunities for homeless. The planning initiatives will be coordinated through the Housing Support Committee and the Main Decision-Making Group. In addition and as an alternative, CoC will continue to advocate to public housing authorities to make homelessness a preference.

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

Pathways LME has committed to provide pre-development costs on proposed construction and/or rehabilitation projects developed for persons with disabilities. Tenant preference will be given to homeless and chronically homeless. Local CHDO for Gaston Consortium uses HOME funds to increase rental units for disabled, giving preference to homeless and chronic homeless. CoC will continue to apply for S+C units and Housing First Units. CoC is developing private partnerships with profit corporations to build affordable housing units.

- How many permanent housing beds do you currently have in place for chronically homeless persons?** 25
- In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 29
- In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 33
- In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 40

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

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

**Instructions:**

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

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

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

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

CoC exceeded HUD national objective with 83% for persons remaining in PH at least six months. Through the Main Decision-Making Group stakeholders and PH providers ensure that all actions that may cause eviction are addressed with tenants prior to entry and reinforced frequently by tenant's community support worker. Strong community support is key and will continue to be a key success component. As backup, CoC members are proactive in advocacy issues with landlords and rental subsidy sources as well as maintain open dialogue with providers.

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

CoC will continue to pursue landlords that are supportive of success in permanent housing for homeless populations. CoC will continue to ensure strong community support for tenants in permanent housing. CoC will continue to maintain policy of reinforcement with tenants on need to remain housed and ensure good tenant /landlord relations. Coc will continue to maintain strong and open dialogues with providers, consumers and landlords.

**What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 83**

**In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 85

**In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 87

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

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

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

**Instructions:**

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

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

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

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

CoC has exceeded HUD threshold to 76%. CoC Monitoring Committee shall provide courtesy reviews of TH programs every six months and maintain open dialogue with providers and stakeholders to address any challenges. Additionally, TH program providers ensure an appropriate screening process for potential participants to determine motivation for success. CoC members and stakeholders also consider the challenge of difficult populations in determining success potential. These multiple steps shall assure a degree of success that will increase the percentage moving to permanent housing.

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

The CoC members and stakeholders shall maintain open dialogues, working as a team to refine existing programs and implement best national practices within transitional housing programs. As a long-term goal, CoC members may consider transitioning to all permanent supportive housing in lieu of transitional housing programs.

**What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 76**

**In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 76

**In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 76

**In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 76

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

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

##### Instructions:

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

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

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

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

With unemployment peaking at 13.8% for this CoC area, CoC managed to exceed the HUD threshold to 23%. Programs will improve access to job opportunities and increase access to job training, career services, etc. through information sharing and coordination with federal, state, and local entities and other means. All HMIS agencies ytd APRs will be monitored bi-monthly. Lead agency will work with agencies who are having difficulty finding employment for clients.

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

CoC member agencies and stakeholders are concerned with creating sustainable community benefits for low income residents of HUD-assisted housing. The CoC will continue to partner with Federal, State, and Local entities to improve transportation access and to research other economic development organizations and by leveraging federal and private resources. Program participants will continue to be challenged with certain requirements that must be accomplished as part of the program criteria. This includes job readiness training and job search. CoC members and stakeholders shall provide participants receiving disability (SSI, SSDI, VA) with information on SSA Ticket to Work Program since 38% of participants are disabled.



**What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 23

**In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 25

**In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 28

**In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 31

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

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

##### Instructions:

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

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

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

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

HPRP and other resources created a 53% decrease in homeless households with children. Through the HPRP grant awarded through the CoC, members and stakeholders shall utilize funds to reduce the number of homeless families with children. Additionally, the CoC shall look at longer term solutions as alternative funds for the HPRP.

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

CoC members and stakeholders consider alternative ways to provide homeless prevention activities that will reduce the number of homeless families entering shelters and/or living in places not meant for human habitation. Members and stakeholders advocate with current homeless prevention programs to re-define existing programs and monitor effectiveness.

- What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 24
- In 12-months, what will be the total number of homeless households with children? 20
- In 5-years, what will be the total number of homeless households with children? 16
- In 10-years, what will be the total number of homeless households with children? 13

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

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

**What:** Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

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

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

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

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

#### Foster Care (Youth Aging Out):

Foster children who are aging out of service often need housing supports from the local community. The State of North Carolina mandates that the local governmental units administering the foster care program begin preparing foster care children to become self-sufficient prior to age 18. The N.C. Childrens Policy Review Committee, within the Department of Health and Human Services Division of Social Services has developed protocols for Transitional Living Plans for youth being discharged from the foster care systems. Components of these protocols include the requirement that each youth will have a stable place to live upon discharge, with a primary and backup discharge plan to minimize the likelihood of homelessness resulting from a disrupted plan. Therefore, it is the policy of CoC member agencies that all due diligence should be exercised by the local foster care programs to ensure that persons aging out of the foster care system are not rendered homeless. Through MOU's with local Dept. of Social Services and the CoC, the agreement is not to accept applicants into their federally-funded housing programs for homeless consumers who have become homeless as a direct result of local governmental unit releases from foster care.

**Health Care:**

Because hospitals are independent and do not fall under a state office, it is impossible to develop written formal protocols. However, the local hospitals, with member representation in the local CoC, has established protocols to address the need for continuing care, treatment and services after discharge to ensure patients are not discharged to homelessness. Through the combined resources of the hospital emergency social work staff and the non-profit providers appropriate housing is located. The CoC members agree that emergency prevention measures shall be taken for appropriate placement so that no person is discharged into a federally-funded homeless program. Additionally, through hospital emergency social work staff, persons receiving emergency room care who are identified as homeless are provided with a list of housing and service resources to address their need for permanent housing.

**Mental Health:**

N.C. Administrative Code (10A NCAC 28F .0209) requires housing discharge planning for individuals in state psychiatric hospital and alcohol and drug abuse treatment centers for anyone remaining in treatment 31 days or more. Formal MOU's have been implemented with state mental health institutions and substance abuse treatment centers and the CoC to ensure strategies to identify appropriate permanent housing for persons being discharged. The local mental health system also maintains a transitional program facility to ensure no one is discharged to homelessness. The transitional program has protocols in place that ensure permanent supportive housing for persons discharged from the program. This program is funded through local, state and other federal resources apart from the U.S. Dept. of HUD. Therefore, homeless housing programs within the CoC agree they will not accept persons coming directly from a state mental institution or the local mental health transitional program into federally-funded homeless housing programs. The mental health discharge to family, friends, or their own home is 82.2%.

**Corrections:**

The CoC has developed a written protocol that CoC participating agencies that receive HUD McKinney-Vento funds will not accept participants into their program directly from state prisons or local jails. State prisons in NC are not allowed to sign MOU's with local CoC's; instead all MOU's must be coordinated with the Dept. of Corrections itself. Final protocols between the DOC are under development at this time. Locally, the Sheriff or his liasion, who operate the jail, are members of the CoC. FY2009 data indicates that 91% of offenders are discharged to family, friends, or their own home.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

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

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

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

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:** City of Gastonia/Gastonia Consortium: 1. Reduce the number of chronically homeless living on the streets; 2. Increase the percentage of homeless persons retaining permanent housing; and 3. Increase the availability of services for homeless persons. STATE OF NORTH CAROLINA Objectives: 1. Utilitize ESG to support homeless prevention and emergency shelters.

**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 2009 Action Plan (1500 character limit):**

Local CoC members attended the public hearings and other meetings held by the State of NC, administrator of HPRP funds. The CoC was heavily involved with the planning portion of the application and developed HPRP team members to work with the agencies to apply and to implement the HPRP programs designed. The CoC wrote letters of endorsement of the application. The CoC application was awarded \$1.5 million over a three year period. The funds are being administered locally by The Salvation Army for Gaston & Lincoln Counties and by the Isothermal Planning Commission for Cleveland County (they administer the Housing Choice Vouchers in Cleveland County).

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

The CoC is making referrals to the local Employment Security Commission for funds received to assist older workers to return to the work force and to Dept of Social Services so homeless people may access any federal programs funded by the ARRA. The City of Gastonia, who was awarded NSP funds, makes referrals to the CoC to assist with homeless prevention of households in threat of losing their housing.

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

**If yes, please describe the established policies that are in currently in place.** The CoC policy is as stated in the McKinney-Vento Act. In addition, the CoC provides educational services to the school homeless liaison and the funding agency informs school system liaison when a homeless child enters the agency.

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

Upon intake the question of school location of each child is addressed. The agency case manager and the school liaison collaborate to provide transportation if needed in order to keep the child enrolled in his/her present school system. If the parent however, prefers to enlist the child in the district of the shelter, etc. that request is honored. If a homeless family is seen during the summer, a place to live is sought in the district of their choice. As well, the various district school's liaisons attend the CoC meetings and are able to discuss problems pertaining to homeless children in the system during the round table discussion. They are able to network with service providers and take this information back to the parent.

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

Families entering emergency or transitional shelters are assigned a case manager to attend to the educational needs of the child. Each CoC agency will continue direct contact with the school system/social workers from which the child was attending prior to becoming homeless or a different location if requested by the parent.

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

CoC agencies collaborate with the local veterans' offices in each of the three counties to obtain referrals and access resources for the veteran. If an immediate opening for emergency shelter, transitional or permanent housing, etc. is not available, we refer to the VA services for housing contacts in the local area. Extensive medical services referrals are made primarily to Asheville VA Medical Center and Salisbury VA Medical Center. The Department of Veterans Affairs' (VA) has founded a National Call Center for Homeless Veterans hotline to ensure that homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to trained counselors and participants can be referred for exploration of additional resources. A reason for homelessness among veterans identified by the National Alliance to End Homelessness, and not often considered, is unstable social networks. The CoC will encourage case managers to identify this need and seek resources. A local agency was recently funded by VA for 7 beds designated for veterans only. Going forward, identifying and providing services for veterans will be monitored by the CoC on a bi-monthly basis using data provided by HMIS.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

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

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

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

**Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** Yes

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



## 4A. Continuum of Care (CoC) 2009 Achievements

### Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

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

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	37	Beds	25	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	82	%	83	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	77	%	76	%
Increase percentage of homeless persons employed at exit to at least 20%	29	%	23	%
Decrease the number of homeless households with children.	9	Households	-27	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

**If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.**

CoC exceeded four of the five HUD national objectives. In the last four, there has been a significant decrease in the total number of chronically homeless. The CoC 5 year goal will be to eliminate chronically homeless completely.

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

**Instructions:**

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

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

**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 2008, 2009, and 2010.**

Year	Number of CH Persons	Number of PH beds for the CH
2008	155	5
2009	24	21
2010	40	25

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.** 4

**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, 2009 and January 31, 2010.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$68,000	\$20,000	\$20,000	\$0	\$7,000
<b>Total</b>	<b>\$68,000</b>	<b>\$20,000</b>	<b>\$20,000</b>	<b>\$0</b>	<b>\$7,000</b>

**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):**

There are times when people who are released from various institutions with permanent housing in place often end up on the streets anyway because of lack of skills to gain employment in a highly competitive market with 13-15% unemployment and/or insufficient resources to maintain independent living.

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

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

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The 'Total PH %' will be auto-calculated after selecting 'Save.' Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select 'No' to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	19
b. Number of participants who did not leave the project(s)	87
c. Number of participants who exited after staying 6 months or longer	17
d. Number of participants who did not exit after staying 6 months or longer	71
e. Number of participants who did not exit and were enrolled for less than 6 months	12
<b>TOTAL PH (%)</b>	<b>83</b>

**Instructions:**

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

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

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

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

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	25
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	19
<b>TOTAL TH (%)</b>	76

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

**Instructions:**

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

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

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

**Total Number of Exiting Adults: 284**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	30	11	%
SSDI	17	6	%
Social Security	4	1	%
General Public Assistance	0	0	%
TANF	10	4	%
SCHIP	0	0	%
Veterans Benefits	2	1	%
Employment Income	50	18	%
Unemployment Benefits	11	4	%
Veterans Health Care	0	0	%
Medicaid	56	20	%
Food Stamps	183	64	%
Other (Please specify below)	4	1	%
Medicare			
No Financial Resources	57	20	%

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** No



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

### Instructions:

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

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

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

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

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

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

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

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

Monitoring and compliance committee review APR twice yearly, this includes improvement (by agency) of access to mainstream programs. This year the agencies are required to bring a copy of their ytd APR to each bi-monthly CoC meeting to discuss during the CHIN (HMIS)Committee Meeting.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** No

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

CoC has dedicated SOAR worker that also helps to ensure access to mainstream entitlement benefits which coordinates efforts with agency members and stakeholders.

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

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

**If yes, identify these staff members** Provider Staff

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

**If "Yes", specify the frequency of the training.** semi-annually (twice a year)

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

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

**Has the CoC participated in SOAR training?** Yes

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

July 18-19, 2007 (Gastonia); December 2-3, 2008 (Morganton). Reinvestment in Communities sponsored training last Dec 9-10 by NC Coalition to End Homeless. There were follow-up technical trainings May 20th and October 13th. The August training was cancelled. There was follow-up with SOAR workers.

## 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
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
Clients generally meet with an assigned case manager within a reasonable period of time, generally 48 hours. A service plan is generated based on the individual's needs. Application for mainstream benefits are completed on site or at DSS with assistance of provider staff	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	0%
Dept. of Social Services is very compartmentalized and does not allow one application process	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
Clients' progress is monitored via various means, primarily through casemanager reviews with client at follow-up appt, if denied assists consumer with appeal and attends appeal with client.	

## Continuum of Care (CoC) Project Listing

**Instructions:**

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Fresh Dawn	2010-11-12 08:09:...	1 Year	Cleveland County ...	9,286	Renewal Project	SHP	PH	F
S+C Renewals 2010	2010-11-12 08:33:...	1 Year	Gaston,Lincoln,Cl...	345,912	Renewal Project	S+C	TRA	U
S+C 05 renewals 2010	2010-11-12 08:16:...	1 Year	Gaston,Lincoln,Cl...	112,344	Renewal Project	S+C	TRA	U
Supportive Housin...	2010-11-12 16:36:...	1 Year	Gaston County Int...	38,850	Renewal Project	SHP	SSO	F
Supportive Housin...	2010-11-15 18:04:...	1 Year	With Friends, Inc.	66,457	Renewal Project	SHP	TH	F
As One Ministries..	2010-11-13 09:18:...	2 Years	As One Ministries..	54,255	New Project	SHP	PH	F1
New Start	2010-11-12 08:17:...	1 Year	Cleveland County ...	59,918	Renewal Project	SHP	PH	F
As One Ministries..	2010-11-12 08:03:...	1 Year	As One Ministries..	63,840	Renewal Project	SHP	PH	F
Fresh Start	2010-11-12 09:08:...	1 Year	Cleveland County ...	37,158	Renewal Project	SHP	SSO	F
Turning Point	2010-11-12 16:57:...	2 Years	Inter-faith Alliance	86,253	New Project	SHP	TH	F2

## Budget Summary

<b>FPRN</b>	\$416,017
<b>Permanent Housing Bonus</b>	\$0
<b>SPC Renewal</b>	\$458,256
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/17/2010

## Attachment Details

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