

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 - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

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.

CoC Name and Number (From CoC Registration): NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC

CoC Lead Agency Name: Southeastern Center for MH/DD/SAS

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: Tri County Homeless Interagency Council

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 74%

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

Elected:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input 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 within the Tri County Homeless Interagency Council is open to organizations, agencies, and individuals that share the vision of service to our communities within the North Carolina counties of New Hanover, Brunswick and Pender. Membership is defined as having attended at least one Tri County Homeless Interagency Council meeting or Sub Committee meeting within the current calendar year. To receive voting rights a member must be a resident or operate in the tri county area, and must attend 50% of scheduled meetings within the past twelve months. Each member organization shall have one vote. No agency may vote on any matter in which they have a financial interest.

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

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

Yes, the Tri-County Homeless Interagency Council has the capacity to be responsible for HUD funding and project oversight. The Council has already instituted standard operating procedures with the potential of establishing a non profit. The Council has also identified a fiduciary agent for the group. A process of program monitoring is in place and all Continuum of Care projects are presented no less than annually for review by the whole membership.

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
Tri-County Homeless Interagency Council	This council oversees and helps to create a comprehensive system of care for homeless individuals and families and those at risk of homelessness	Monthly or more
COC Grant Committee	A Planning and Action tool to maximize the resources of all segments of the TriCounty area in providing needed services to homeless individuals.	Monthly or more
Veterans Stand-down Committee	To assess the needs of homeless veterans and direction to the proper agency to accommodate those needs. To sponsor an annual Standdown event	Monthly or more
Affordable Housing Coalition	To identify affordable housing needs and to coordinate individual, community and government efforts toward increasing the supply and opportunity for affordable housing.	Monthly or more
Permanent Supportive Housing Coalition	To provide client case presentation and route client to the appropriate living environment, and assess their needs for additional supportive services	Monthly or more

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
Veterans Service Office	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans
NC Division of Vocational Rehabilitation	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
NC Division of MH/DD/SAS	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Dept. of Health & Human Services	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
New Hanover Health Dept.	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, HIV/AIDS
New Hanover DSS	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Serio...
Southeastern Center for MH/DD/SAS	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Facility Based Crisis	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Deaf Services	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Wilmington Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
New Hanover County Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Wilmington Police Department	Public Sector	Law enf...	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
New Hanover County Sheriff	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Employment Security Commission	Public Sector	Local w...	Attend Consolidated Plan focus groups/public forums durin...	Veterans
Cape Fear Area United Way	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Veterans
Brunswick Family Assistance Agency	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...

New Hanover County Veterans Council	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
The Arc of North Carolina	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriou sl y Me...
Coastal Carolina HIV Care Consortium	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Ab...
Domestic Violence Shelter/Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriou sl y Me...
Food Bank of North Carolina	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan f...	Seriou sl y Me...
Leading Into New Communities (LINC)	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
East Coast Solutions	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substan ce Abuse
Coastal Horizons	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriou sl y Me...
Legal AID	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veteran s, Do...
WHFD	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriou sl y Me...
Cape Fear Housing for Independent Living, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriou sl y Me...
Mental Health Association	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriou sl y Me...
Triangle Coastal Disability Advocate	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriou sl y Me...
Volunteers of America/Carolinas	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Good Shepherd Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Veteran s, Su...
First Fruit Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriou sl y Me...
First Baptist Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Substan ce Abuse
Interfaith Hospitality Network	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes..

Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Subst...
Phoenix Employment Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
Jesus Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
First Presbyterian Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
National Alliance for the Mentally ILL Wilmingt...	Private Sector	Funder...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Community Support Specialists	Private Sector	Busi ness es	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
VA Medical Center: Fayetteville	Private Sector	Busi ness es	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
New Hanover Community Homeless Clinic	Private Sector	Hos pita..	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Duke Medical Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Ab...
New Hanover Health Network	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	Youth, Subst...
UNCW	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Bridgecare	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Easter Seals UCP	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
CHIN-HMIS	Private Sector	Busi ness es	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
House of Integrity Ministry	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Gary Keyes	Individual	For merl..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
City of Wilmington	Public Sector	Stat e g...	Authoring agency for Consolidated Plan	NONE
Community Support Professionals, LLC	Private Sector	Busi ness es	Primary Decision Making Group	Seriousl y Me...

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 Service Office

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, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work 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: Counseling/Advocacy, Education, Case Management, Healthcare, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: NC Division of Vocational Rehabilitation

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, 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: 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, Education, Case Management, Transportation, Employment
(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: NC Division of MH/DD/SAS

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, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(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, Education, Mental health, Alcohol/Drug Abuse
(select all that apply)

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 - Services provided, if applicable

Name of organization or individual: 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: Primary Decision Making Group, 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: HIV/AIDS
(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, Education, Case Management, Child Care, Healthcare, Mobile Clinic, HIV/AIDS
(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: New Hanover Health Dept.

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 Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Healthcare, Mobile Clinic, HIV/AIDS
(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: New Hanover DSS

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

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

Does the organization provide direct services to homeless people? Yes

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

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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: Southeastern Center for MH/DD/SAS

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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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: Facility Based Crisis

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, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(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: (select all that apply) Counseling/Advocacy, Education, Case Management, Mental health, Transportation, Alcohol/Drug Abuse

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

Name of organization or individual: Deaf 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, 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: 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: (select all that apply) Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse

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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: Wilmington 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, 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: 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, Education, Utilities Assistance, Rental Assistance
(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: New Hanover 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, Attend Consolidated Plan focus groups/public forums during past 12 months
(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, Education
(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: Wilmington 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: Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Law Enforcement, Legal Assistance
(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: New Hanover County Sheriff

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

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Law Enforcement, Legal Assistance
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Employment Security Commission

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

Type of Organization: Local workforce investment act boards
(Content depends on "Type of Membership" selection)

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

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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: Cape Fear Area United Way

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, Attend Consolidated Plan focus groups/public forums during past 12 months
(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: Counseling/Advocacy, Education
(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: Brunswick Family Assistance Agency

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 Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, 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, Education, Case Management, Rental Assistance
(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: New Hanover County Veterans 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 Consolidated Plan focus groups/public forums during past 12 months
(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, Education, Case Management, Transportation
(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: The Arc of North Carolina

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 Consolidated Plan focus groups/public forums 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: (select all that apply) Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Rental Assistance

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

Instructions:

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

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

Name of organization or individual: Coastal Carolina HIV Care 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: 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: Substance Abuse, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Healthcare, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name
- Type of membership
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented
- Services provided, if applicable

Name of organization or individual: Domestic Violence Shelter/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, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Legal Assistance
(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:
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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: Food Bank of North Carolina

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 focus groups/public forums 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: Soup Kitchen/Food Pantry
(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: Leading Into New Communities (LINC)

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 Consolidated Plan focus groups/public forums during past 12 months
(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, Education, Street Outreach, Case Management, Life Skills, Legal Assistance, Transportation, 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:

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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: East Coast Solutions

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 Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Coastal Horizons

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Legal AID

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 Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Legal Assistance
(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:

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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: WHFD

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 Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Cape Fear Housing for Independent Living, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Mental Health Association

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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- Type of 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: Triangle Coastal Disability Advocate

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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: Volunteers of America/Carolinas

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Good Shepherd Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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: First Fruit Ministries

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

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

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

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, Education, Street Outreach, Case Management, Life Skills
(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: First Baptist 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: Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: 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, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills
(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: 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 Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, 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, Rental Assistance
(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: Phoenix Employment Ministries

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 Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Jesus Ministries

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

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

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

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, Education, Street Outreach
(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: First 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: Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: National Alliance for the Mentally ILL Wilmington Chapter

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

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

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

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, Education, Street Outreach
(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: Community Support Specialists

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: Primary Decision Making Group, 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: 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, Education, Street Outreach, Case Management, Life Skills, Mental health
(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: VA Medical Center: Fayetteville

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: Attend Consolidated Plan focus groups/public forums during past 12 months
(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: Counseling/Advocacy, Education, Case Management, Healthcare
(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: New Hanover Community Homeless Clinic

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

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

Role(s) of the organization: Attend Consolidated Plan focus groups/public forums 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, Education, Healthcare
(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: Duke Medical Center

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

Type of Organization: Hospitals/med representatives
(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
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Healthcare
(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: New Hanover Health Network

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

Type of Organization: Hospitals/med representatives
(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, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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: UNCW

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 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? 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: Bridgecare

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 Consolidated Plan focus groups/public forums 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: (select all that apply) Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Mental health, Legal Assistance, Alcohol/Drug Abuse, HIV/AIDS

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

Instructions:

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

Name of organization or individual: Easter Seals UCP

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 Consolidated Plan focus groups/public forums during past 12 months
(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, Education, Case Management, Life Skills
(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: CHIN-HMIS

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: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(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, Education
(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: House of Integrity Ministry

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 Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, 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, Education
(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: Gary Keyes

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: Primary Decision Making Group, 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: 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, Education, 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: City of Wilmington

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: 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? 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: Community Support Professionals, LLC

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: Primary Decision Making 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, Education, Case Management, Life Skills, Alcohol/Drug Abuse
(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, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

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

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

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

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):

Brunswick Family Assistance Agency's beds were reduced due to a change in focus to prevention.

Safe Haven: No

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):

Brunswick Family Assistance Agency's transitional beds were reduced due to a change in focus to prevention. East Coast Solutions Kelly House created one new bed for children and their Searise program expanded to their entire building and expanded their beds from 18 to 31.

Permanent Housing: No

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

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, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

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

Stakeholder discussions were used to create a delphi estimate of the percentages of appropriate levels of placement used in the HUD unmet need formulas. The point in time unsheltered need count and housing inventory were used to supply the base census numbers used in the unmet need calculations. This base census was verified using HMIS data where available. Unmet needs were also checked against the City of Wilmington Consolidated Plan, and the findings of the Ten Year Plan Committee.

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-513 - Chapel Hill/Orange County CoC, NC-504 - Greensboro/High Point CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-503 - North Carolina Balance of State 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: Service Point

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

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

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

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): No or low participation by non-HUD funded providers, No CoC formal data quality plan

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

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

As a CoC we are continuing to improve data quality through standardized and customized reporting, end user certification & refresher training, and focused technical assistance. Through the CHIN Committee of our Tri-County Homeless Interagency Council we review the monthly HMIS Data Quality report produced by CHIN and the AHAR details report. The area that we struggle with most is coverage with our very small non-HUD programs. Most of the agencies who do not receive McKinney-Vento funding are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Without the requirement to participate in HMIS for funding, these agencies are resistant to put financial or volunteer hours into HMIS. We will continue to educate these facilities about the statewide and program benefits of HMIS. We are also exploring regional staff to assist with data entry for these agencies in order to compensate for inadequate resources and staff.

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

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	76-85%

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

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%	0%
* Disabling Condition	12%	3%
* Residence Prior to Program Entry	1%	3%
* Zip Code of Last Permanent Address	1%	9%
* Name	0%	0%

How frequently does the CoC review the quality of client level data? At least Quarterly

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

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

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

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

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

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) 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:

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

The continued downturn in the economy has led to an increase in the number of homeless people seeking shelter, with the number in emergency shelter rising from 205 to 269 from 2009 to 2010 (an increase of over 30%). The weather leading up to the point-in-time count was unseasonably cold, which brought more unsheltered individuals indoors, which was partly responsible for the reduction in unsheltered individuals from 162 to 107. In addition, the PATH case manager was hired shortly before the count, which made it difficult to develop the level of trust needed to survey people living in encampments some of whom refused to be counted.

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

If Other, specify:

Continuum of Care Grant Committee reviewed all collected data and created an unduplicated count.

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).

All sheltered adults and unaccompanied youth were interviewed to gather data. CoC used survey data, HMIS and individual client records to gather sub-population information on sheltered homeless persons. Providers calculated the percentage of clients belonging to each subpopulation based on survey results and their knowledge of their client population as a whole. Extrapolation techniques were applied to describe sub-populations of unsheltered homeless people.

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):

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

All willing sheltered adults and unaccompanied youth were interviewed to gather subpopulation information. Providers used individual client records to provide subpopulation data for each adult and unaccompanied youth. Providers calculated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole. CoC also used HMIS to gather subpopulation information on sheltered homeless persons.

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)

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

Individual shelter staff and the CoC Committee check records of clients who were served at day soup kitchens and services centers with numbers collected by night-only shelters to avoid duplication. Also, programs operating nighttime services such as overnight shelters ask incoming clients if they have been counted earlier in the day when receiving a meal or medical attention at another shelter location.

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 checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" 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: A Combination of 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):

Continuum of Care Grant Committee reviewed all collected data and created an unduplicated count by conducting training(s) for PIT enumerators and used HMIS to check for duplicate information.

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):

COC aids in creating a comprehensive system of care to reduce the number of unsheltered homeless households with dependent children by maximizing the resources that provide needed services, directing clients to appropriate living environments, and assessing their needs for additional supportive services. The PATH program outreach workers interact with unsheltered homeless individuals and families on a daily basis and connects them with shelters and other mainstream resources. Shelter managers also communicate vacancies in times of high occupancy, ensuring that those who seek shelter at a full facility are assisted in getting onto another facility with space available.

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):

COC participating agencies identify and engage persons in need through various methods, including but not limited to: outreach, walk-ins, referrals, agency-sponsored events, establishing contact points, and community involvement. Multiple agencies with street outreach programs coordinate information and services to identify homeless camps and lone individuals in need of care. When unsheltered individuals or families are identified, agency staff inform PATH workers to ensure that effective outreach occurs. As described above, PATH workers seek out the unsheltered on a daily basis and connect them to needed resources.

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 will continue working with housing agencies, target unit program, landlords, housing authorities, emergency shelters, transitional housing shelter, permanent supportive housing in maintaining our referral system and encouraging the creation of new permanent housing beds. We are pursuing the Permanent Supportive Housing Bonus, along with Non-Elderly Disabled Vouchers and continuing the tenant based rental assistance program.

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).

Our CoC has been very active in their pursuit of additional funding for permanent housing. We continue to use Samaritan Bonus, NC Housing Finance Agency, Tax Credit projects for private developers, the 400 initiative and tenant based rental assistance programs and have had success in building this resource. Additionally, we have expanded access to new resources in recent years: our 10 year plan to end chronic homelessness project, VASH vouchers, and our lead agency Southeastern Center Area Authority will stay informed of community, state and federal opportunities to expand Permanent Housing through their relationship with the local Housing Authority, and through housing specialist searching grant opportunities.

- How many permanent housing beds do you currently have in place for chronically homeless persons?** 84
- In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 90
- In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 115
- In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 125

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).

The CoC provides supportive services to those clients who are struggling with stabilization in housing. Providers refer to substance abuse counseling, individual counseling, connect with SOAR case worker to apply for disability, connect to heating assistance program, crisis intervention and prevention, monitoring of client placement, food stamps etc. The CoC plans to utilize the Tri-HIC to Increase PH providers' education on supportive services available in the community to assist clients with stabilization and utilize the CoC lead agency, as the local management entity of services to chronically homeless individuals, to keep the providers informed. Southeastern Center will be collaborating with local landlords to ensure affordable and accessible permanent supportive housing for consumers in our target population.

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).

Southeastern Center has created a program of Wellness Management Recovery to increase cognitive ability in collaboration with area service providers. Wilmington Housing Authority (Tri-HIC member) provided 25 VASH vouchers and 50 vouchers for non-elderly adults with disabilities. Our area won an HPRP award of over \$1.2 million, which is being used for security deposits and utility allowances to ensure at least six months residence. Sixteen new permanent supportive housing units are planned under the 400 Initiative. The Interagency Council advocacy committee has formed Circles of Support and Peer Support Training as an effort to support dual diagnosed individuals.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 79

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 94

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 96

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).

Our CoC's percentage of persons transitioning into PH exceeds the stated objective of 65%. We will continue to utilize section 8 vouchers for persons with disabilities, the new VASH vouchers for veterans, and the lead agency received an award from the 400 initiative to add 16 additional PH beds to our community's 14 beds that can serve those leaving a transitional housing program. Accordingly, Wilmington Housing Authority has begun construction on eight units at Jervay Loop that will have project-based vouchers. In addition, RHA Health Services will begin construction of eight units of permanent supportive housing in December, supported by NC Key vouchers.

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 will continue to work with community agencies to develop new sources of permanent housing, while collaborating with the community's 10 Year Plan to End Homelessness, the Affordable Housing Coalition, and other government and private entities. With more affordable housing units available we believe we can continue to increase the number of participants moving into permanent housing from transitional. We will also utilize community and mainstream resources such as the Benefits Bank to connect transitional housing residents with the resources needed to obtain and maintain permanent housing.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 81
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 83
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 85
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 87

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).

Our CoC has been affected by the national economic downturn. PH and TH programs continue to use the Employment Security Commission, Vocational Rehabilitation, and Phoenix Employment Ministry to assist our consumers, however, all report a decrease in successful job placement. As a result we are projecting a decrease in the percentage of persons employed at discharge again this year. We are increasing our partnership with the community college adult education program that provides free certificate programs to low income persons in an effort to increase their marketability. Southeastern Center has committed to increase the number of providers establishing opportunities for supportive employment.

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).

We have historically had success with the employment agencies available to our clients so we plan to continue those relationships while at the same time increasing the use of the community college and their adult education programs to make our clients more marketable through the use of their certification programs. Also Southeastern Center has created a new position (Information and Communication Specialist) dedicated to the creation of memoranda of agreements and irrevocable letters of support from various service agencies, i.e. council of governments, Blue Ribbon Commission and other workforce collaborations.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 15
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 10
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 15
- In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 15

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)

Our CoC was awarded Homelessness Prevention and Rapid Re-housing Program (HPRP) funds through an application made by the 10 Year Plan and United Way, fully collaborating members of the CoC. These funds are being used to stabilize low-income rental and homeless households in permanent housing through temporary rental assistance and utility payments, moving assistance, rental unit and utility deposits, temporary storage of household goods, credit repair, and motel vouchers for up to 30 days when permanent housing has been identified. The HPRP funds can be used for families and individuals that can be stabilized in both subsidized (with restrictions) and unsubsidized rental housing within 18 months or less. During this intervention clients are being introduced to available supportive services in their area. Referrals will be made for wrap-around community resources.

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

HPRP is a three year funding opportunity led by the 10 Year Plan to End Chronic Homelessness. During the first year of the grant the HPRP project has stabilized more than 175 households in rental housing and utilized more than \$400,000 in federal HPRP funds. Through the Cape Fear HPRP Partnership, the grant serves all three CoC counties. The project's grant drawdown currently exceeds state and federal expectations and is on target to meet the 45% target for March 31, 2011 and 60% target for August 31, 2011. We hope to continue this funding through the Emergency Solutions Grant Program in the future.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 297

In 12-months, what will be the total number of homeless households with children? 257
In 5-years, what will be the total number of homeless households with children? 190
In 10-years, what will be the total number of homeless households with children? 120

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):

Southeastern Center Childrens Specialist has a committee for people aging out of group homes. There is an individual plan developed for each and they are not put in to the street. Assistance is provided upon request.

To expedite the housing search phase of discharge planning, the Ten Year Plan to End Chronic Homelessness and Reduce Homelessness in the Cape Fear Region created a Current Housing Availability Tool (C.H.A.T.) on their website www.capefearhomeless.org. C.H.A.T. is updated weekly and highlights all available NC-506 beds in emergency shelters, transitional and permanent housing facilities. Local foster care programs utilize this tool to obtain housing for otherwise homeless individuals.

Additionally, the Cape Fear Area Ten-Year Plan has a functioning Discharge Planning Subcommittee dedicated to aide in the improvement of the processes and procedures of local foster care programs.

Health Care:

Many local hospitals such as Cherry, New Hanover, and Cape Fear, participate in creating individual discharge plans so that individuals are not placed on the streets.

To expedite the housing search phase of discharge planning, the Ten Year Plan to End Chronic Homelessness and Reduce Homelessness in the Cape Fear Region created a Current Housing Availability Tool (C.H.A.T.) on their website www.capefearhomeless.org. C.H.A.T. is updated weekly and highlights all available NC-506 beds in emergency shelters, transitional and permanent housing facilities. Local hospitals utilize this tool to obtain housing for otherwise homeless individuals.

Additionally, the Cape Fear Area Ten-Year Plan has a functioning Discharge Planning Subcommittee dedicated to aiding in the improvement of the processes and procedures of local hospitals.

Mental Health:

SECMH employs a Client Advocate to coordinate discharge planning locally and assist with Olmstead cases at the regional state facilities. For patient stays in facilities less than 60 days, a facility will call the Access Line to schedule a visit with a Community Support Service within five working days of being discharged from the facility. During this meeting, the Community Support staff identifies any homelessness and begins to coordinate adequate housing and related services.

SECMH also received Community Capacity funds from NC Division of MH/DD/SAS specifically targeted toward consumers being released from State institutions. With these funds, SECMH has developed Facility Based Crisis beds that can be utilized by homeless consumers in lieu of entering a State Hospital or Facility or when being discharged from a State Facility. The individuals are not discharged to the street.

To expedite the housing search phase of discharge planning, the Ten Year Plan to End Chronic Homelessness and Reduce Homelessness in the Cape Fear Region created a Current Housing Availability Tool (C.H.A.T.) on their website www.capefearhomeless.org. C.H.A.T. is updated weekly and highlights all available NC-506 beds in emergency shelters, transitional and permanent housing facilities. Local mental health care entities utilize this tool to obtain housing for otherwise homeless individuals.

See www.secmh.org for Community Supportive Service Transition Plan.

Corrections:

Beginning in 2008 SEC hired a client advocate that is a liaison with local county jails. She is working with the jails to improve services to mentally ill and homeless persons that are incarcerated. In that capacity she is working on facilitating discharges and linking ex-offenders with housing and mental health services. In addition Department of Corrections facilities in the area work with the Southeastern Center Housing Coordinator on housing issues for inmates being discharged to this area. The Housing Coordinator also receives calls from Department of Corrections facilities throughout the state that are discharging inmates to the region covered by this continuum of care. The individuals are not discharged to the street.

To expedite the housing search phase of discharge planning, the Ten Year Plan to End Chronic Homelessness and Reduce Homelessness in the Cape Fear Region created a Current Housing Availability Tool (C.H.A.T.) on their website www.capefearhomeless.org. C.H.A.T. is updated weekly and highlights all available NC-506 beds in emergency shelters, transitional and permanent housing facilities. Local correctional facilities utilize this tool to obtain housing for otherwise homeless individuals.

Additionally, the Cape Fear Area Ten-Year Plan has a functioning Discharge Planning Subcommittee dedicated to improving the processes and procedures of local correctional facilities.

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:

- Continue to support the efforts of agencies such as the Tri-County Homeless Interagency Council and include the councils recommendations in the decision-making process for expending CDBG and HOME funds on homeless-related programs
- Create transitional or permanent housing units
- Create additional emergency shelter beds with supportive services.
- Support the efforts of private developers who are building affordable housing and encourage them to create partnerships with agencies that provide supportive housing services to the homeless population.

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):

NC-506 was instrumental in the coordination and subsequent award of the \$1.2 million Cape Fear Area HPRP grant. All of the CoC members collaborated and agreed on the workflow process and voted on the Lead Applicant and Partner Agencies. Additionally, several of the 506 CoC members are either direct partner agencies providing the homelessness prevention and rapid re-housing services or are providing the wrap-around services necessary to fully move HPRP clients out of crisis and into stable housing.

Housing homeless people and preventing homelessness among nonhomeless people, particularly those with special needs or extremely low incomes, are among the Wilmington/ Brunswick, New Hanover, Pender Counties' HPRP highest priorities. NC-506 CoC identifies the high-priority populations in our area to be:

- 1) homeless families and individuals
- 2) housed persons at imminent risk of becoming homeless
- 3) urban renters earning 0-30% of MFI
- 4) rural renters earning 0-50% of MFI

All the activities the NC-506 intends to accomplish with HPRP funds are aligned with the Consolidated Plan and include the following: short and medium term rental assistance, utility deposits and payments, rental deposits, moving expense, storage fees, motel/ hotel vouchers and credit repair.

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 NC-506 area has the following ARRA funded programs: VASH and Disability Vouchers; Tax Credit Assistance Programs; Weatherization; Community Development Block Grant; Homelessness Prevention & Rapid Re-Housing; Food Stamps, Social Security, Work Force investment, DOT Projects; Transit; School Bonds; Energy Conservation; Education Stabilization; Justice and Public Safety; Clean Water; Drinking Water; School Lunch Equipment.

Representatives from ARRA funded agencies regularly attend and present relevant information at the monthly Homeless Interagency Council meetings. Additionally, Cape Fear Area HPRP Case Managers and NC-506 agencies are specifically trained on the appropriate method of referring clients to suitable local ARRA funded programs.

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 schools in our catchment area are committed to supporting and maintaining the Mckinney Veto Social Worker that interacts with the 10 Year Plan to End Chronic Homelessness and services on the Executive Board.

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)

Students experiencing homelessness must be enrolled in school while waiting for the previous school records to be received. Parents can request copies of critical documents such as Individualized Educational Program (IEPs), gifted testing records, and report cards from the student's previous school. The school must enroll students who do not have health records if they fall under the definition of homeless. The school should refer the family or youth to the school's social worker or Lisa Burriss, LEA Liaison for McKinney-Vento, for assistance in obtaining the necessary documentation.

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)

Shelter case managers work in collaboration with school social workers to ensure that homeless students receive services comparable to those of housed students.

Transportation to the school of origin must be provided, when appropriate.

Homeless families and unaccompanied youth must be fully informed of available enrollment options and educational opportunities.

Separate schools or programs for homeless children and youth are prohibited, with the exceptions of several programs specifically named in the McKinney-Vento Act.

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

The New Hanover County Veterans Services (member of the TRIC-HIC) annually conducts a Veterans stand down that is modeled after the original Stand Down for homeless veterans. The objective is to provide a safe retreat for homeless veterans with hot meals, hair cuts, medical services, mental health services, dental care and link veterans to community resources. That is the purpose of the Stand Down for homeless veterans, and achieving those objectives requires a wide range of support services and time. The program is successful because it brings these services to one location, making them more accessible to homeless veterans.

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.	93	Beds	104	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	82	%	77	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	64	%	68	%
Increase percentage of homeless persons employed at exit to at least 20%	45	%	23	%
Decrease the number of homeless households with children.	40	Households	38	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.

Our CoC, as many others, has been seriously affected by the nation's economic contraction. Joblessness has risen in all sectors of our local economy and contributed to decreased levels of employment compared to 2008's projections. However, our CoC is performing well beyond HUD National Objectives, despite being below our anticipated levels.

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	342	38
2009	211	52
2010	219	23

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.

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					
Operations					
Total	\$0	\$0	\$0	\$0	\$0

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):

Please note that there has been no decrease in beds for individuals identified as Chronic Homeless, according to the HUD definition. The change in numbers from 2009 to 2010 seem to be the result of the following: First, as a result of the fact that some Chronic Homeless have also been served in transitional beds, thereby causing some confusion about the count and also with the use of the e-Hic system to reflect more accurate counting/flow of beds usage, this continuum was able to detect the need for this adjustment. There is actually an increase of beds from would have been 20 to 23, due to the bonus project for leasing, Bridgecare for an additional 3 beds.

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)	23
b. Number of participants who did not leave the project(s)	57
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	62
e. Number of participants who did not exit and were enrolled for less than 6 months	14
TOTAL PH (%)	99

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	59
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	40
TOTAL TH (%)	68

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: 142

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	18	13	%
SSDI	11	8	%
Social Security	1	1	%
General Public Assistance	0	0	%
TANF	4	3	%
SCHIP	2	1	%
Veterans Benefits	4	3	%
Employment Income	15	11	%
Unemployment Benefits	2	1	%
Veterans Health Care	14	10	%
Medicaid	26	18	%
Food Stamps	44	31	%
Other (Please specify below)	0	0	%
No Financial Resources	0	0	%

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

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

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.

All project APRs are reviewed and discussed at the weekly COC grant meeting. All agencies also fill out CoC-designed charts more specifically detailing mainstream benefits for all clients exiting their programs. These are reviewed annually as agencies begin the COC grant process. The full CoC, The Tri-County Homeless Interagency Council, along with the Transitional Housing SubCommittee and the Permanent Housing SubCommittee, meet monthly to share strategies and successes in linking clients to mainstream resources.

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

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

11/3/09; 12/1/09; 1/5/10; 2/2/10; 3/2/10; 4/6/10; 5/4/10; 6/1/10; 7/6/10; 8/3/10; 9/7/10; 10/5/10; 11/2/10.

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 Both

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

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

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

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

Has the CoC participated in SOAR training? Yes

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

2/19/07; 2/20/07; 8/4/08; 8/28/08; 12/10/08. The CoC now has a dedicated SOAR worker through a TYP initiative in collaboration with the New Hanover Regional Medical Center, and the Doris Duke Foundation.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case Managers meet with the applicants. Goals and a person centered plan are created to document progress and success. In some cases the Case Managers present the individuals' information to the Permanent Supportive Housing Coalition.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Mental Health Center; DSS; Health Department; Homeless Shelter	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Through the Case Management Service, the Homeless Assistance Providers meet with the individuals to confirm that mainstream benefits are being received. If not, assistance and follow-up are provided until the goal is met.	

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.

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Haven II Permanen. ..	2010-11-09 15:09:...	1 Year	Brunswick Family ...	21,316	Renewal Project	SHP	PH	F
Willow Pond Trans...	2010-11-10 08:17:...	1 Year	Wilmington Interf...	86,997	Renewal Project	SHP	TH	F
Kathryn Leigh	2010-11-09 19:16:...	1 Year	Cape Fear Housing...	95,381	Renewal Project	SHP	PH	F
The Arc of NC Sup...	2010-11-09 12:57:...	1 Year	The Arc of North ...	33,214	Renewal Project	SHP	PH	F
Haven I Permanent ...	2010-11-09 14:41:...	1 Year	Brunswick Family ...	21,040	Renewal Project	SHP	PH	F
Horizons Housing	2010-11-09 13:50:...	1 Year	Coastal Horizons ...	80,619	Renewal Project	SHP	PH	F
Sgt. Eugene Ashle...	2010-11-09 19:25:...	1 Year	Good Shepherd Min...	56,073	Renewal Project	SHP	TH	F
Hopewood Apartment s	2010-11-09 13:26:...	1 Year	Housing Authority...	135,936	Renewal Project	S+C	PRAR	U
Kent Street	2010-11-11 19:53:...	2 Years	Housing Authority...	43,318	New Project	SHP	PH	P1
Driftwood Apartment s	2010-11-09 13:19:...	1 Year	Wilmington Housin...	62,333	Renewal Project	SHP	PH	F
Bridgcare	2010-11-09 18:49:...	1 Year	Bridgcare	21,586	Renewal Project	SHP	PH	F
Wilmington Dream ...	2010-11-08 18:10:...	1 Year	First Fruit Minis...	120,716	Renewal Project	SHP	TH	F

Budget Summary

FPRN	\$599,275
Permanent Housing Bonus	\$43,318
SPC Renewal	\$135,936
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/09/2010

Attachment Details

Document Description: Certification of Consistency