
2007 Exhibit 1: Continuum of Care (CoC) Application

**U.S. Department of Housing
and Urban Development**
Office of Community Planning and Development

OMB Approval No. 2506-0112
(exp. 3/31/10)

Newport News/ Hampton/Virginia Peninsula CoC VA-505



**Greater Virginia Peninsula Continuum
of Care Council (GVPCCC)
2007**

2007 Continuum of Care Application: Exhibit 1

Table of Contents

Part I: CoC Organizational Structure

- A: CoC Lead Organization Chart
- B: CoC Geography Chart

CoC Structure and Decision-Making Processes

- C: CoC Groups and Meetings Chart
- D: CoC Planning Process Organizations Chart
- E: CoC Governing Structure Chart
- F: CoC Project Review and Selection Chart
- G: CoC Written Complaints Chart

Part II: CoC Housing and Service Needs

- H: CoC Services Inventory Chart

CoC Housing Inventory and Unmet Needs

- I: CoC Housing Inventory Charts
- J: CoC Housing Inventory Data Sources and Methods Chart

CoC Homeless Population and Subpopulations

- K: CoC Point-in-Time Homeless Population and Subpopulations Chart
- L: CoC Homeless Population and Subpopulations Data Sources and Methods Chart

CoC Homeless Management Information System (HMIS)

- M: CoC HMIS Charts

Part III: CoC Strategic Planning

- N: CoC 10-Year Plan, Objectives, and Action Steps Chart
- O: CoC Discharge Planning Policy Chart
- P: CoC Coordination Chart

CoC 2007 Funding Priorities

- Q: CoC Project Priorities Chart
- R: CoC Pro Rata Need (PRN) Reallocation Chart
- S: CoC Project Leveraging Summary Chart
- T: CoC Current Funding and Renewal Projections Chart

Part IV: CoC Performance

- U: CoC Achievements Chart
- V: CoC Chronic Homeless (CH) Progress Chart
- W: CoC Housing Performance Chart
- X: Mainstream Programs and Employment Project Performance Chart
- Y: Enrollment and Participation in Mainstream Programs Chart
- Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart
- AA: CoC Participation in Energy Star Chart
- AB: Section 3 Employment Policy Chart

Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
Newport News/Hampton/Virginia Peninsula CoC <small>*HUD File # D14288 d1.9 48(25) .088 78 9 34 4(h)-C</small>	38Ttw1so(t)-74()4(w)29074-55

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate the frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure *and which is involved in CoC planning* (add rows to the chart as needed). Please limit your description of each group’s role to 3 lines or less.

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
Example: CoC Primary Decision-Making Group						
Name:	River County Continuum of Care Executive Committee	X				5
Role:	This group sets agendas for full Continuum of Care meetings, oversees project monitoring, determines project priorities, provides final approval for the CoC application, and oversees application submission.					
CoC Primary Decision-Making Group (list only one group)						
Name:	GVPCCC Task Force on Homelessness	X				42
Role:	Sets agenda, addresses homeless issues and problems, sits on Mayors Commission on Homelessness, oversees sub-committee and strategic planning process, ensures open & fair process & policies, addresses concerns & grievances					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Prevention Committee	X				8
Role:	Develops processes and coordinates funding that prevent individuals and families from becoming homeless through eviction prevention and works to eliminate the causes of homelessness					
Name:	Permanent Housing Committee	X				8
Role:	Works to increase number of affordable housing units in region, reduce regulatory barriers, coordinate more rapid access to permanent housing from shelters and street, maintain inventory of housing, and undertake annual point in time counts.					
Name:	Coordinated Services Committee	X				12
Role:	Works to increase coordination among service providers, establish and monitor standards of care provision, maintain inventory of services, establish more seamless access to mainstream services. Shelter Coordination Assessment Team efforts.					
Name:	Systems Change Committee	X				4
Role:	Helps to create a new, more collaborative way of doing business among providers and localities, establishes more cohesive data collection and reporting, also working to reduce regulatory barriers within localities					
Name:	Education and Public Relations Committee	X				4
Role:	Develops informational and advocacy related tools to assist the public understand the issues of homelessness and provide tools to encourage public action in support of the 10 year plan as well as the providers & services meeting the homeless' needs					
Name:	HMIS Oversight Committee	X				7
Role:	Establishes and maintains web-based information services, collects information about homelessness for localities, general public and agencies					
Name:	Project Monitoring Committee	X				11
Role:	Provides year-round monitoring of HUD-funded homeless projects – performs annual site reviews of finances, outcomes and utilization; sets annual project prioritization efforts; informs region of submission requirements; names non-conflicting review panel, reviews hold-harmless levels.					

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any*
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES		
	Virginia Cooperative Extension	511098	
	Virginia Inter-Agency Council on Homelessness	510720/511098/519095/ 519199/ 519735/519830	
	Virginia Employment Commission	510720/511098/519095/ 519199/ 519735/519830	
	LOCAL GOVERNMENT AGENCIES		
	Hampton Neighborhood Office	510720	
	Hampton Department of Human Services	510720	
	Newport News Development Office	511098	
	Newport News Department of Social Services	511098	
	York/Poquoson Social Services	519199/519735	
	NN Office on Children, Youth and Families	511098	Y
	City of Hampton	510720	
	Newport News Emergency Management	511098	
	York County	519199	
	James City County	519095	
	Poquoson City	519735	
	City of Williamsburg	519830	
	PUBLIC HOUSING AGENCIES		
	Hampton Redevelopment /Housing Authority	510720	
	Newport News Redevelopment/Housing Authority	511098	
	York County Division of Housing	519199	
	James City County Housing Division	519095	
	SCHOOL SYSTEMS / UNIVERSITIES		
	Project Hope Homeless Liaison Office	511098	Y
	City of Newport News Public Schools	511098	Y
	LAW ENFORCEMENT / CORRECTIONS		
	NN Court Appointed Special Advocates	511098	Y
	H-NN Drug Courts	511098/510720	SA
	LOCAL WORKFORCE INVESTMENT ACT BOARDS		
	Virginia Employment Commission- VAMC	510720/511098/519095/ 519199/ 519735/519830	VETS
	Workforce Investment Act—TNCC	510720/511098	VETS
OTHER			
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS		
	Alternatives	510720/511098	Y
	Avalon	519095/519830	DV
	Boys and Girls Clubs of the VA Peninsula	511720/511098	Y
	ACCESS – formerly CANDII	51720/511098	HIV
	Catholic Charities	510720/511098	
	Center for Sexual Assault Survivors	510720/511098	

Center for Child and Family Services	510720/511098 519199/519735	Y	
FISH	51720/511098 519199/519735		
First Call	510720/511098 519199/519735		
Foodbank of the VA Peninsula	51720/511098 519199/519735		
Friends of the Homeless	510720/511098		
Girl Scout of the Colonial Coast	510720/511098 519199/519735	Y	
Habitat for Humanity	510720/511098 519199/519735		
Healthcare for the Homeless	510720/511098		
Hester House	511098		
H-NN Community Services Board	510720/511098	SA	SMI
Housing Development Corp. of Hampton Roads	510720/511098		
Lily Housing Foundation	51720/511098 519199/519735		
LINK of Hampton Roads, Inc	510720/511098/519735/519830		
Office of Human Affairs	510720/511098		
Peninsula Agency on Aging	510720/511098 519199/519735		
Peninsula Association for Sickle Cell Anemia	510720/511098 519199/519735		
Peninsula READS	51720/511098 519199/519735		
Peninsula YMCA	510720/511098/519199		
Planning Council of Norfolk	510720/511098		
Retired Senior & Volunteer Prg. of VA Peninsula	510720/511098 519199/519735/51098		
The Salvation Army - Peninsula	510720/511098		
The Salvation Army - Greater Williamsburg	519199/519830		
Transitions Family Violence Services	51720/511098 519199/519735	DV	
United Way of Greater Williamsburg	519830/519199		
United Way of Virginia Peninsula	510720/511098 519199/519735		
USO of Hampton Roads	510720/511098 519199/519735	VETS	
Volunteer Center	510720/511098 519199/519735		
Warwick SRO/Community Housing Partners	510720/511098		
FAITH-BASED ORGANIZATIONS			
Crusading Outreach Ministry	510720/511098		
Denbigh United Christian Outreach	510720/511098		
HELP, Inc	510720/511098		
Faith for Living Ministries	510720/511098		
Good Seed Good Ground	510720/511098		
New Visions Outreach Ministry/ Hampton Roads	510720/511098		
Our Lady of Mount Carmel	511098		

St. Paul Episcopal Church	511098/510720		
Menchville House Ministries	510720/511098		
Natasha House	519199		
Operation Breaking Through	510720/511098		
Street Mission and Restoration Team	511098		
FUNDERS / ADVOCACY GROUPS			
Bernardine Franciscan Sisters Foundation	51720/511098 519199/519735		
Riverside Foundation	510720/511098 519199/519735		
Peninsula Foundation	510720/511098 519199/519735		
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
Cale and Company	510720/511098 519199/519735		
Carroll Prescott, Web Design	510720/511098 519199/519735		
Old Point Bank	510720/511098 519199/519735		
Morgan Marrow Insurance	510720/511098 519199/519735		
HOSPITALS / MEDICAL REPRESENTATIVES			
VA Medical Center - Hampton	510720/511098/519095/ 519199/519735/ 519830		
Mary Immaculate Hospital	510720/511098 519199/519735		
Health Care for Homeless Veterans	510720/511098		
Lackey Free Clinic	519199		
Peninsula Christian Free Clinic	510720/511098		
Riverside Hospital-First Call	510720/511098 519199/519735		
Consortium of Free Clinics	510720/511098/519095/ 519199/519735/ 519830		
Peninsula Institute for Community Health	510720/511098 519199/519735		
HOMELESS / FORMERLY HOMELESS PERSONS			
Lynne Finding	511098		
James Greene	510720		
Marcell Campbell	511098		
Karen Scott	519199		
OTHER			

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Structure Chart

Please note: a response to each question will earn full credit for this chart.

<p>1. Is the CoC's primary decision-making body a legally recognized organization (check one)?</p> <p> <input type="checkbox"/> Yes, a 501(c)(3) <input type="checkbox"/> Yes, a 501(c)(4) <input type="checkbox"/> Yes, other – specify: _____ <input checked="" type="checkbox"/> No, not legally recognized </p>	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.</p> <p>Yes, we would benefit greatly from HUD CoC administrative funds. There are no local or regional funds available to support establishing a 501(c)3 as the legal entity and staffing the CoC to assist with coordination, documentation, plan monitoring and the other many details required for successful CoC operations, project monitoring, administration and management. All efforts are done by volunteers throughout the 6 jurisdictions. Since the CoC is a <u>regional</u> body, no one jurisdiction will fund or staff the effort, and without a legal mechanism, there is no way to contribute regionally to operations. This is becoming too big for volunteer efforts.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p>@75%</p>
<p>4a. Indicate how the members of the primary decision-making body are selected</p> <p> <input type="checkbox"/> Elected <input type="checkbox"/> Assigned/Volunteer <input checked="" type="checkbox"/> Appointed <input checked="" type="checkbox"/> Other: open invitation throughout the region. Interested agencies and individuals pay \$20 annual dues, volunteer to work on committees, participate in education opportunities, receive weekly eblast newsletters, and perform work required in committees. </p> <p>local jurisdictions usually appoint their representatives</p>	
<p>4b. Briefly explain the selection process. The GVPCCC Task Force on Homelessness is a regional body comprised of 6 separate political jurisdictions. The Task Force elects the leadership for the Task Force, but the Task Force itself is open to any and all agencies, programs, and individuals interested in working to end homelessness on the Virginia Peninsula. There is no desire to restrict membership in this very vigorous and collaborative entity. The meetings are open and advertised on the GVPCCC website, members discuss joining the CoC with interested parties at any networking opportunity, regional conferences and workshops are advertised with membership discussed at these sessions, members receive weekly emails notifying membership of grant opportunities, fundraising events, new related reports, employment opportunities, program and agency news, links to useful information and tools, etc.</p>	
<p>5. Indicate how the leaders of the primary decision-making body are selected (check all that apply):</p> <p> <input checked="" type="checkbox"/> Elected-annually <input type="checkbox"/> Assigned/Volunteer <input type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____ </p>	

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in the past year to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation	
a. Newspapers <input type="checkbox"/>	d. Outreach to Faith-Based Groups <input checked="" type="checkbox"/>
b. Letters/Emails to CoC Membership <input checked="" type="checkbox"/>	e. Announcements at CoC Meetings <input checked="" type="checkbox"/>
c. Responsive to Public Inquiries <input checked="" type="checkbox"/>	f. Announcements at Other Meetings <input checked="" type="checkbox"/>
2. Objective Rating Measures and Performance Assessment	
a. CoC Rating & Review Committee Exists <input checked="" type="checkbox"/>	j. Assess Spending (fast or slow) <input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings <input checked="" type="checkbox"/>	k. Assess Cost Effectiveness <input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings <input checked="" type="checkbox"/>	l. Assess Provider Organization Experience <input checked="" type="checkbox"/>
d. Review Independent Audit <input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity <input checked="" type="checkbox"/>
e. Review HUD APR for Performance Results <input checked="" type="checkbox"/>	n. Evaluate Project Presentation <input checked="" type="checkbox"/>
f. Review Unexecuted Grants <input checked="" type="checkbox"/>	o. Review CoC Membership Involvement <input checked="" type="checkbox"/>
g. Site Visit(s) <input checked="" type="checkbox"/>	p. Review Match <input checked="" type="checkbox"/>
h. Survey Clients <input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements) <input checked="" type="checkbox"/>
i. Evaluate Project Readiness <input checked="" type="checkbox"/>	
3. Voting/Decision System	
a. Unbiased Panel / Review Committee <input checked="" type="checkbox"/>	d. One Vote per Organization <input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote <input checked="" type="checkbox"/>	e. Consensus (general agreement) <input checked="" type="checkbox"/>
c. All CoC Members Present Can Vote <input checked="" type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest <input checked="" type="checkbox"/>

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	
<p>A project applicant petitioned the Task Force concerning a ruling of the Ranking and Review Committee. The written petition went to the Executive Committee, the Executive Committee called a meeting of all Task Force membership. The petitioning group made a presentation to the Task Force and then left the room to allow for an open and frank discussion. Following the discussion the Task Force membership voted on the petition. The petitioning entity had agreed to adhere to the vote of the Task Force and the matter was resolved without further objections. HUD Field Office was informed and commended GVPCCC on process.</p>	

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Zoe Community Church									X						X			
St. Paul's Episcopal Church				X					X	X								
LINK of Hampton Roads	X	X	X	X	X				X	X			X	X	X	X	X	X
H-NN Community Services Board		X	X	X	X	X			X	X	X	X	X	X	X	X		X
Malachi House/ Lily Housing				X		X			X	X					X	X		
Hampton Dept of Human Services	X	X	X	X					X									

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2006 and January 31, 2007. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart												
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS	Geo Code <input type="checkbox"/>	Target Pop		Year-Round		Total Year-Round Beds	Other Beds		
					A	B	Fam. Units	Fam. Beds		Indiv. Beds	Seasonal	O/V*
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)												
Transitions FVS	Emergency Shelter	DV	0	510720	M	DV	29	29	29			
Transitions FVS	Second Stage	DV	0	510720	M	DV	22	22	22			
Salvation Army-Pen		D	0	511098	M				0			30
HNNCSB	Emergency Housing	PS	8	511098	SMF	SMI			8			
Avalon	Emergency Shelter	DV	0	519095	M	DV	13	13	19			
LINK	PORT-seasonal	PS	0	510098	SMF				0	100		
Pen Rescue Mission	Men's Shelter	D	0	510098	SM				63			
HELP	A Nights Welcome-seasonal	PS	0	510720	SMF						80	
HELP	Family Shelter	PS	0	510720	FC			20	20			
Friends o/t Homeless	Family Shelter	D	0	511098	FC			38	12	50		
United Way	Faith House	D	0	519830	SM				17	17		
Wbrg Homeless/Indig	Emergency Shelter	D	0	519830	M					0		12
St Bede's Church		D	0	519830	M					0		4
SUBTOTALS:				8	20	SUBTOTAL CURRENT INVENTORY:	0	122	106	228	180	46
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)												
None			0									
SUBTOTALS:				0	0	SUBTOTAL NEW INVENTORY:	0	0	0	0	0	0

Inventory Under Development (Available for Occupancy after January 31, 2007)		Anticipated Occupancy Date
None Known		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:		0
UNMET NEED TOTALS:		25
UNMET NEED		85
Total Year-Round Beds—Families		
1. Total Year-Round Individual Emergency Shelter (ES) Beds:	106	6. Total Year-Round Family Emergency Shelter (ES) Beds: 122
2. Number of DV Year-Round Individual ES Beds:	6	7. Number of DV Year-Round Family ES Beds: 64
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):	100	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7): 58
4. Total Year-Round Individual ES Beds in HMIS:	8	9. Total Year-Round Family ES Beds in HMIS: 20
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	8 %	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number): 34 %

*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS	Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
					A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory										
(Available for Occupancy on or before January 31, 2006)										
Transitions FVS	NEXT STEP*	DV	0	0510720	M	DV	8	35	4	39
Lily Housing Corp		D	0	0511098	FC		1	3	0	3
Salvation Army-Peninsula	VA Transitional	D	0	0510720	SMF	VET	0	0	60	60
Avalon	Transitional Housing*	DV	0	0519095	FC	DV	6	28	0	28
Salvation Army-Wmsburg	Transitional Housing	D	0	0519830	FC		8	20	0	20
Menchville House Ministries	Menchville House	D	0	0511098	FC		19	46	0	46

CANDII/ACCESS	HOPWA*	PS	4	21	510720	M	HIV	6	21	4	25
HELP	Transitional Housing	PS	0	20	510720	FC		4	20	0	20
Hester House		D	0	0	511098	FC		0	2	0	2
SUBTOTALS:			4	41	SUBTOTAL CURRENT INVENTORY:			52	175	68	243
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)											
None			Ind.	Fam.							
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)											
Faith for Living	Natasha House		Anticipated Occupancy Date	Spring 2008	519199	FC		5	15	0	15
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								5	15	0	15
Unmet Need								UNMET NEED TOTALS:		0	0
Total Year-Round Beds—Individuals											
1. Total Year-Round Individual Transitional Housing Beds:		68		6. Total Year-Round Family Transitional Housing Beds:		175					
2. Number of DV Year-Round Individual TH Beds:		47		7. Number of DV Year-Round Family TH Beds:		63					
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):		64		8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):		112					
4. Total Year-Round Individual TH Beds in HMIS:		49		9. Total Year-Round Family TH Beds in HMIS:		41					
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		6 %		10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):		37 %					

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart												
Provider Name	Facility Name *asterisk after the name receives HUD McKinney-Vento dollars.	HMS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop.		Year-Round			Total Year-Round Beds	
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv./CH Beds		
Current Inventory (Occupancy on or before January 31, 2006)												
CHP, Inc.	Warwick SRO	D	0	0	0511098	SMF		0	0	0	88/44	88
LINK	CANLINK I*	PA	15	37	511098	SMF		12	37		15/10	52
HNNCSB	Safe Harbor I*	PS	8	0	511098	SMF	SMI	0	0	0	8/8	8
HNNCSB	Shelter Plus Care*	PS	14	0	511098	SMF	SMI	0	0	0	14/12	14
Veteran Affairs	VASH	D	0	0	510720	SMF	Vet	0	0	0	25/15	25
CANDII/ACCESS	CHAPS*	PA	14	24	510720	M	HIV	9	24		14/5	38
LINK	CANLINK II*	PA	17	0	511098	SMF		0	0	0	17/17	17
			68	61	SUBTOTAL CURRENT IN:			21	61		181/111	242
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)												
HNNCSB	Safe Harbors II	PS	8	0	510720	SMF	SMI	0	0	0	8/8	8
			8	0	SUBTOTAL:			0	0		8/8	8
Inventory Under Development (Occupancy after 1/3/2007)												
LINK	CANLINK III	PS	Anticipated Occupancy Date		511098	SMF		0	0	0	8	8
			July 2007		SUBTOTAL INVENTORY UNDER DEVELOPMENT:			0	0		8	8
Unmet Need								50	150	359	509	

Total Year-Round Beds—Individuals

Total Year-Round Beds—Families

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time (PIT) count during the last week of January 2007.

(1) Indicate date on which Housing Inventory count was completed: <u>1/26/2007</u> (mm/dd/yyyy)	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers
<u>100</u> %	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify: DHCD Quarterly utilization reports
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input checked="" type="checkbox"/>	Other – specify: Unmet Need Planning Meeting
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Stakeholder discussion – CoC stakeholders met & reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input checked="" type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	
Evaluated utilization rates, resident needs, best housing practices and applicability to sheltered clients, calculated subpopulation housing requirements, PIT, housing inventories, strategic planning discussions involving policy shifts to housing first models across the continuum.	

*The HUD Unmet Need Guide/Worksheet can be found by going to: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count: 1/26/2007				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households with Dependent Children:	38	25	37	100
1a. Total Number of Persons in these Households (adults and children)	131	79	136	346
2. Number of Households without Dependent Children**	262	97	203	562
2a. Total Number of Persons in these Households	262	97	203	562
Total Persons (Add Lines 1a and 2a):	393	176	339	908
Part 2: Homeless Subpopulations below)				
	Sheltered		Unsheltered	Total
a. Chronically Homeless	***		247	247
b. Severely Mentally Ill	170		227	397
c. Chronic Substance Abuse	155		169	324
d. Veterans	173		20	193
e. Persons with HIV/AIDS	10		36	46
f. Victims of Domestic Violence	61		14	75
g. Unaccompanied Youth (Under 18)	3		0	3

*Optional for unsheltered homeless subpopulations

** Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)

***For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time (PIT) count conducted.

L-1: Sheltered

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: The Planning Council	Contact Person: Pat Vedomske
Phone: 757.622.9268, ext 3018	pvedomske@theplanningcouncil.org
Organization Type: State/local government <input type="checkbox"/>	Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Newport News/Hampton/Virginia Peninsula CoC	VA-505		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (12/2006)	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
Briefly describe significant challenges/barriers the CoC has experienced in: 1. HMIS implementation: 2. HMIS Data and Technical Standards Final Notice requirements:	

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	0	0
2005	0	0
2006	1	1

Please provide a brief explanation of the reason(s) for any decreases in the number of records

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	0%	Gender	2.6%
Social Security Number	0%	Veteran Status	25.0%
Date of Birth	0%	Disabling Condition	30.0%
Ethnicity	2.6%	Residence Prior to Program Entry	15.0%
Race	0%	Zip Code of Last Permanent Address	0%

Briefly describe how the CoC ensures that valid program entry/exit dates are being recorded in the HMIS. The GVPCCC has only begun to enter client data and is not yet using ART; therefore, the data quality review is conducted via discussion/APRs at monthly HMIS sub-committee meeting.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	N	N	6/2008
Transitional Housing	N	N	12/2007

Permanent Supportive Housing	N	N	12/2007
(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why. The 2 DV, the Salvation Army, and Veterans Affairs shelters do not participate in HMIS database. There is no funding for smaller non-profit entities to participate and the cost per license remains high, therefore coverage remains low. It is planned to outreach them and bring them into usage by end of 2007, if funding possible.			

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

For each item listed below, place an “X” in the appropriate box to indicate your response: Yes (Y), No (N) or Planned/In Progress (P). Check *only one column* per item.

	Y	N	P
1. Training Provided:			
Basic computer training	X		
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least annually?	X		
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
3. Security—Participating agencies have:			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?			X
4. Security—Agency responsible for centralized HMIS data collection and storage has:			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.			
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?	X		
Has each participating agency adopted written privacy policy, including uses/disclosures?	X		
Does each participating agency have a privacy policy posted on its website (if applicable)?			X
6. Data Quality—CoC has process to review and improve:			
Client level data quality (i.e. missing birth dates etc.)?	X		
Program level data quality (i.e. data not entered by agency in over 14 days)?	X		
CoC bed coverage (i.e. percent of beds)?			X
7. Unduplication of Client Records—the CoC:			
Uses only HMIS data to generate unduplicated count?		X	
Uses data integration or data warehouse to generate unduplicated count?		X	
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:			
Point-in-Time Count		X	
Project/Program performance monitoring		X	
Program purposes (e.g. case management, bed management, program eligibility screening)		X	
Statewide data aggregation (e.g. data warehouse)		X	

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name/title or organization of one person responsible for accomplishing step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	1. Open CANLINK 3 within 6 months – 8 beds 2. Open Safe Harbors 3 – 12 months – 6 beds 3. Initiate new PH projects annually 4. Explore additional funding sources to support expansion	LINK HNCSB GVPCCC TFH GVPCCC TFH	242 Beds	250 Beds	280 Beds	400 Beds
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	1. Create SCAT – Shelter Coordination & Assessment Team to improve coordination/case mgmt using rapid exit techniques & more appropriate housing placement 2. Create Housing Brokerage Teams 3. Create Homelessness Trust Fund from Base Closure 4. Initiate a Peninsula Affordable Housing Data Base	NNDSS GVPCCC TFH Mayors & Chairs PH Com/Plannng Co	71.4%	75%	80%	80%
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	1. Initiate collaborative system of prevention and intervention funding groups with uniform reporting of prevention utilization and outcomes 2. Create SCAT – Shelter Coordination & Assessment Team to improve service coordination & case mgmt 3. Create Housing Brokerage Teams	Prevention Committee NNDSS GVPCCC TFH	78.6%	80%	80%	80%
4. Increase percentage of homeless persons employed at exit to at least 18%.	1. Create SCAT – Shelter Coordination & Assessment Team to improve service coordination & case mgmt 2. Survey providers on linkages to employment services 3. Incorporate findings of services to improve	NNDSS GVPCCC TFH VEC/DRS	40%	40%	50%	50%
5. Ensure that the CoC has a functional HMIS system.	1. Increase site-specific and user training 2. Identify funding to increase participation by other entities/agencies 3. Identify barriers to participation for certain entities such as DV shelters	HMIS Oversight & Planning Council HMIS Oversight & Planning Council HMIS Oversight & Planning Council	3% Bed Coverage	10% Bed Coverage	25 % Bed Coverage	100% Bed Coverage

Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).

Other CoC Objectives in 2007

1. Develop Regional Office to End Homelessness	1. Review other localities structure and funding 2. Developed plan based upon selected structure 3. Submit funding plan to identified sources 4. Secure and implement funding	TF on Homelessness TF on Homelessness TF on Homelessness M& C Commission		
2. Coordinate and finalize regional 10 year plan to end homelessness with the Mayors and Chairs Commission on Homelessness	1. Complete Draft 2. Submit to Mayors and Chairs for Approval & Implementation	M & C Commission M & C Commission		

O: CoC Discharge Planning Policy Chart

For each category of publicly funded institution or system of care in your CoC, check a box to indicate the level of development of a discharge planning policy. Check **only one** box per category. Use the space provided to describe the discharge planning policy for each category, or the status of development. For detailed instructions for filling out this section, see the Instructions section.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corrections	<input type="checkbox"/>	<input checked="" type="checkbox"/> local jails	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> state & fed
<p>Foster Care: Virginia Department of Social Services (VDSS) established service plan policy for children with legal goals of Independent Living. Policies and procedures are outlined in the foster care policy manual. Local Departments of Social Services (LDSS) Social Workers are required to develop a Transitional Living Plan to submit with the Foster Care Service Plan for children with the goal of Independent Living which specifically outlines how the child will learn to house, feed and economically support himself and what LDSS services are needed for a successful transition to adulthood.</p>					
<p>Health Care: Discharge Planning staff in area hospitals and free clinics working with GVPCCC to establish region-wide protocol based upon protocols previously established with CANDII around HIV/AIDS discharges. Working with ACCESS partnership to develop more formalized approach to comprehensive health care access and referrals. Regional Free Clinic Coalition was initiated & has begun attending GVPCCC with one objective to establish appropriate and formal information, admissions, and services protocols.</p>					
<p>Mental Health: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has long-established discharge planning policy & protocols requiring all local Community Services Boards (CSB) to initiate discharge planning at point of individual admissions to state mental health facilities. Policies and procedures are outlined in state institutional policies and procedures manuals. CSB Case Managers are required to arrange non-shelter housing prior to discharge. GVPCCC member, the Hampton-Newport News CSB has two Case Managers permanently housed in the regional state hospital and local medical centers to meet weekly with care coordination team at the hospital, plan for discharge, and coordinate housing & services upon approval for discharge. Housing placement is a required field in the individual discharge plans.</p>					
<p>Corrections:* State and Federal prisons have protocols in place and transition teams to assist with housing. Corrections staff just beginning involvement and participation in GVPCCC. Protocols are in very early stages of discussion, based upon activities of utilization of Ryan White Title I funds allocated to prerelease discharge planning and the Hampton-Newport News Community Services Board Jail-Based Case Management Services. Local Sheriff's Dept participated in 10-Year Planning forums & discussed need to establish working group on this issue as well as housing needs.</p>					

*Please note that "corrections" category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

1. Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	0-but 6 are committed to process	
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC 2007 Funding Priorities

R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2007 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These reallocation project(s) may be for SHP (1, 2, or 3 years), S+C (5 years), and Section 8 SRO (10 years) projects and their respective eligible activities.

***Reallocation projects WILL be funded if all of the following apply:**

1. Reallocation project is for permanent supportive housing (SHP-PH, SHP-Safe Haven PH, S+C, Section 8 SRO).
2. Reallocation project is not rejected by HUD (meets all “threshold” requirements)
3. CoC scores at least 65 points in the CoC competition.
4. Reallocation project is **not** the Samaritan bonus project.

Reallocation projects may have a 1-year grant term when they are SHP-PH or SHP-Safe Haven PH projects.

NOTE: Reallocated funds placed in the Samaritan bonus project will lose their reallocation status. Therefore, if the CoC scores below the funding line, the CoC will lose the reallocated funds included in the Samaritan bonus project.

1a. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have verified with your field office:				<i>Example:</i>	\$
				\$530,000	
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount:				<i>Example:</i>	\$
				\$390,000	
4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
<i>Ex: MA01B300002</i>	<i>SHP</i>	<i>TH</i>	<i>\$100,000</i>	<i>\$60,000</i>	<i>\$40,000</i>
<i>Ex: MA01B400003</i>	<i>SHP</i>	<i>SSO</i>	<i>\$80,000</i>	<i>\$80,000</i>	<i>\$0</i>
<i>NA</i>					
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2007 Competition*					
(8) 2007 Project Priority Number		(9) Program Code	(10) Component	(11) Transferred Amounts	
<i>Example: #5</i>		<i>SHP</i>	<i>PH</i>	<i>\$90,000</i>	
<i>Example: #12</i>		<i>S+C</i>	<i>TRA</i>	<i>\$50,000</i>	
<i>NA</i>					
(12) TOTAL:					

*No project listed here can be a #1 priority Samaritan Bonus project

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do *not* add any rows). Provide information *only* for contributions for which you have a *written commitment in hand at the time of application*.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
Newport News/Hampton/Virginia Peninsula CoC	\$3,605,256.95
VA-505	

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:											
Type of Housing	All SHP Funds Requested (Current Year)		Renewal Projections								
	2007	2008	2009	2010	2011	2012	2009	2010	2011	2012	
Transitional Housing (TH)	202,308	202,308	202,308	202,308	202,308	202,308	202,308	202,308	202,308	202,308	202,308
Safe Havens-TH	0	0	0	0	0	0	0	0	0	0	0
Permanent Housing (PH)	830,338	907,985	907,985	965,724	965,724	1,023,463	907,985	965,724	965,724	1,023,463	1,023,463
Safe Havens-PH	343,152	227,675	285,414	285,414	343,152	343,152	285,414	285,414	343,152	343,152	343,152
SSO	0	0	0	0	0	0	0	0	0	0	0
HMIS	54,090	54,090	54,090	54,090	54,090	54,090	54,090	54,090	54,090	54,090	54,090
Totals	1,429,888	1,392,058	1,449,797	1,507,536	1,565,274	1,623,013	1,449,797	1,507,536	1,565,274	1,623,013	1,623,013

Shelter Plus Care (S+C) Projects:											
Number of S+C Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections								
	2007	2008	2009	2010	2011	2012	2009	2010	2011	2012	
SRO											
0											
1											
2	0	14	241,920	0	0	0	0	0	0	0	0
3											
4											
5											
Totals	0	14	241,920	0	0	0	0	0	0	0	0

Part IV: CoC Performance

U: CoC Achievements Chart

For the five HUD national objectives in the 2006 CoC application, enter the 12-month measurable achievements that you provided in Exhibit 1, Chart N of the 2006 CoC application. Under "Accomplishments," enter the *numeric* achievement that your CoC attained within the past 12 months that is *directly related* to the measurable achievement proposed in 2006. Below, if your CoC did not meet one or more of your proposed achievements, please describe the reasons for this.

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	1. Safe Harbors 2 began July, 2006	1. created 8 new PH beds
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Added 2 FTE staff serving housing needs of chronic homeless individuals 2. Added 2 PTE staff to outreach efforts in winter shelters 3. Increased community collaboration in housing and wrap-around services 4. Added housing specialist that works with private housing providers/landlords	1. went from 71.4% to 73% in PH over 6 months
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	1. Increased assessment of housing and service needs of special needs populations and collaborated with other PH CoC providers	1. 77% of homeless persons moved to PH from TH
4. Increase percentage of homeless persons becoming employed by 11%.	1. Increased collaboration among CoC providers 2. Increased active participation of representatives of WIA Board in CoC 3. Better use of existing vocational service providers for special needs/chronic persons	1. 33.3% had employment income at exit
5. Ensure that the CoC has a functional HMIS system.	1. Established an HMIS Oversight Committee 2. Mandatory participation on Oversight Committee by all HUD funded entities 3. Increased awareness of HMIS to the Mayors and Chairs Commission on Homelessness	1. Began entering data in December 2006 2. Site-specific training on-going
Briefly explain the reasons for not meeting one or more of your proposed measurable achievements. NA – we are diligently meeting our objectives		
OPTIONAL: Active involvement of 6 separate political jurisdictions in developing a 10 year plan to end homelessness and realignment of CoC Task Force on Homelessness structure to mirror goals of 10 year plan – we have spent a considerable amount of time this year on communications		

V: CoC Chronic Homeless (CH) Progress Chart

The data in this chart should come from point-in-time counts also used for Chart K: Populations and Subpopulations Chart and Chart I: Housing Inventory Chart. For further instructions in filling out this chart, please see the Instructions section.

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.					
Year	Number of CH Persons		Number of PH beds for the CH		
2005	361		93		
2006	378		111		
2007	247		119		
Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:					
NA - No increase in number of persons.					
2. Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:					<u>8</u>
3. Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2006 and January 31, 2007.					
Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$	\$	\$	\$	\$
Operations	\$84,353	\$	\$	\$	\$19,081
TOTAL	\$84,353	\$	\$	\$	\$19,081

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate "No applicable renewals" box in the chart.

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	28
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	84
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	20
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	62
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	73%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	13
b.	Number of participants who moved to PH	10
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	77%

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
30	a. SSI	11	36.6%
30	b. SSDI	2	6.6%
30	c. Social Security	0	0%
30	d. General Public Assistance	2	6.6%
30	e. TANF	8	26.6%
30	f. SCHIP	0	0%
30	g. Veterans Benefits	2	6.6%
30	h. Employment Income	10	33.3%
30	i. Unemployment Benefits	0	0%
30	j. Veterans Health Care	1	3.3%
30	k. Medicaid	10	33.3%
30	l. Food Stamps	14	46.6%
30	m. Other – child support	3	10%
30	n. No Financial Resources	2	6.6%

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons 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.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2006 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
NA			0
		Total:	0

AA: CoC Participation in Energy Star Chart

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

Have you notified CoC members of the Energy Star initiative? Yes No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: unknown %
individual appliances are purchased as needed and used in various projects

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply:</p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"*** in all solicitations and contracts.</p> <p><input type="checkbox"/> The project has hired low- or very low-income persons.</p>		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> 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; <u>or</u> 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.</p> <p>***The "Section 3 clause" can be found at 24 CFR Part 135.</p>		