

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

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

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

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-501 - Asheville/Buncombe County CoC

CoC Lead Agency Name: Asheville Buncombe Coalition for the Homeless

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: Asheville-Buncombe Coalition for the Homeless

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) 79%

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

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

Specify "other" process(es):

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

The Asheville-Buncombe Coalition welcomes anyone/any group willing to promote the group's mission. Agencies and community groups working with homelessness without representatives at Coalition meetings are contacted personally by Coalition members and invited to join. The open membership process makes the group robust and active. The process was developed to create a diverse, creative, accessible group - members report that the Coalition feels inviting to everyone from people experiencing homelessness to CEOs. Targeted recruitment and regular communication with members has brought in/retained necessary partners. To ensure continued success, members are invited to offer/act on suggestions to improve membership.

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

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

Specify "other" process(es):

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

Yes, the City of Asheville's Community Development Office would take on these responsibilities working in conjunction with the Coalition for the Homeless.

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
Continuum of Care Selection & Review Committee	Members receive/discuss bi-monthly updates on CoC progress to help with the grant selection, review grantee/community grant applications, and subsequently, grant progress. Membership includes CoC Grantees, the City, County, other funders, and members of the Homeless Coalition. Voting members do not have a conflict of interest and make final selection decisions. This group is engaged in planning for new HEARTH implementation.	Bi-monthly
Carolina Homeless Information Network Advisory Committee/HMIS committee.	Local HMIS users and investors meet to evaluate HMIS and participate in the state-wide HMIS network (CHIN) advisory committee to oversee HMIS implementation at the state level. Reviews include evaluation of data quality reports and cost-benefit and outcomes analysis.	Monthly or more
Homeless Initiative Advisory Committee	This joint City-County committee and has appointed members and is open to the public and encourages participation by any community member interested in participating. Two of the appointed members are co-chairs to the Homeless Coalition, at least one is homeless or formerly homeless, and additional Homeless Coalition members also participate in the Advisory Committee. The Advisory Committee engages in planning and oversight for the 10-Year Plan to End Homelessness implementation, coordination between 10-Year Plan and Continuum of Care and preparing for HEARTH, and other community initiatives designed to directly impact homelessness.	Monthly or more
Housing Subcommittee	Incorporates members from the Homeless Coalition and greater Asheville-Buncombe community (including members of the Affordable Housing Task force) to engage in plans around housing issues and solutions for people experiencing homelessness.	Monthly or more
Discharge/Reintegration Subcommittee	Includes members from the Homeless Coalition, the Buncombe County Emergency Assistance Coordinating Network, the Jail Diversion team, Project Reentry, and other discharge planning groups to develop and implement plans to resolve issues relating to discharge and reintegration for homeless people	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
NC Services for Deaf and Hard of Hearing	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
City of Asheville Community Development	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Housing Authority of the City of Asheville	Public Sector	Public ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Buncombe County Schools Homeless Liaison	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Asheville Police Department	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Pisgah Legal Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth, Domes..
Homeward Bound	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Helpmate	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan f...	Youth, Domes..
First at Blue Ridge	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
Next Step Recovery	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Asheville-Buncombe Community Christian Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	Veterans
Western Carolina Rescue Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Church of the Advocate	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
United Way 211	Private Sector	Funder ...	Primary Decision Making Group, Attend 10-year planning me...	NONE

Asheville Homeless Network	Private Sector	Funder...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mountain Housing Opportunities	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
WNC Housing, Inc.	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Sarver Housing Group	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mission Hospitals	Private Sector	Hospita..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Western North Carolina Community Health Services	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
Western Highlands LME	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Veterans Administration Medical Center	Public Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	Veterans
Mental Health Association PATH Program	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
RHA Health Services, Inc.	Private Sector	Hospita..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Coalition of Asheville Neighborhoods	Private Sector	Funder...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Buncombe County Department of Social Services	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Serio...
Buncombe County Human Services	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Serio...
Carolina Homeless Information Network	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Eblen Kimmel Charities	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan f...	Youth
OnTrack Financial Education & Counseling	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Women At Risk	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Gordon Smith	Individual	Other	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Dan Garrett	Individual	Other	Attend 10-year planning meetings during past 12 months	NONE

Asheville Buncombe Technical College	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Asheville City Schools Homeless Liasion	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Buncombe County Human Services Team	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	Seriously Me...
Biltmore Transitional Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Family Preservation Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Goodwill Project Reentry	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Haywood St. UMC	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Hands On Asheville-Buncombe	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Life O'Mike	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
PATH	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Trinity Place	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Unitarian Universalist Congregation of Asheville...	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Warren Wilson College	Private Sector	Other	Committee/Sub-committee/Work Group	NONE

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: NC Services for Deaf and Hard of Hearing

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
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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Name of organization or individual: City of Asheville Community Development

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

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

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

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

Name of organization or individual: Housing Authority of the City of Asheville

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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- Services provided, if applicable

Name of organization or individual: Buncombe County Schools Homeless Liaison

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: Education, Case Management, Child Care
(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: Asheville 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: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Law Enforcement
(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: Pisgah Legal 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 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: 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, 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: Homeward Bound

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: Counseling/Advocacy, Street Outreach, Case Management, 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: Helpmate

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

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, Utilities Assistance, Life Skills, Child Care, Mental health, Transportation, 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: First at Blue Ridge

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

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

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

Subpopulation(s) represented by the organization: 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, Mental health, Transportation, Alcohol/Drug Abuse, 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: Next Step Recovery

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

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

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

Subpopulation(s) represented by the organization: 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, 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: Asheville-Buncombe Community Christian 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, 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, Case Management, Utilities Assistance, Life Skills, Mortgage Assistance, Healthcare, Transportation, Rental Assistance, 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: Western Carolina Rescue 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: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry
(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: 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
(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, Case Management, Utilities Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, 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: Church of the Advocate

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: United Way 211

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

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

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

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy, Education, Not Applicable, Life Skills
(select all that apply)

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- 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: Asheville Homeless Network

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Life Skills, 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:

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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: Mountain Housing Opportunities

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
(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, Mortgage Assistance
(select all that apply)

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

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

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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: WNC Housing, Inc.

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
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(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:

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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: Sarver Housing Group

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
(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:

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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: Mission Hospitals

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: Primary Decision Making Group, Attend 10-year
(select all that apply) 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: 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: Healthcare, Mental health, HIV/AIDS, 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:

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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: Western North Carolina Community Health Services

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: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Healthcare, Mental health, Transportation, Rental Assistance, HIV/AIDS, 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:

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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: Western Highlands LME

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 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? No

Services provided to homeless persons and families: Not Applicable, 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:

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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: Veterans Administration Medical Center

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

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

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

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, Street Outreach, Education, Case Management, Life Skills, Healthcare, Mental health, Legal Assistance, Transportation, HIV/AIDS, Alcohol/Drug Abuse, 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: Mental Health Association PATH Program

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: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: 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: Street Outreach, Mental health, Alcohol/Drug Abuse
(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: RHA Health Services, Inc.

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

Subpopulation(s) represented by the organization: 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: Counseling/Advocacy, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(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: Coalition of Asheville Neighborhoods

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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- Type of 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: Buncombe County Department of Social Services

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

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

Role(s) of the organization: Primary Decision Making Group, 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: 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: Counseling/Advocacy, Street Outreach, Education, Case Management, Utilities Assistance, Life Skills, Child Care, Mortgage Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment
(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: Buncombe County Human 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: Youth, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy, Not Applicable, Case Management, Healthcare, Mental health
(select all that apply)

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

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

Name of organization or individual: Carolina Homeless Information Network

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

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

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

Subpopulation(s) represented by the organization: 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, Street Outreach
(select all that apply)

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

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

Name of organization or individual: Eblen Kimmel Charities

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Mortgage Assistance, Healthcare, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

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

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

Name of organization or individual: OnTrack Financial Education & Counseling

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Women At Risk

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

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

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

Subpopulation(s) represented by the organization: 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: Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(select all that apply)

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

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

Name of organization or individual: Gordon Smith

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Dan Garrett

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

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

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

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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: Asheville Buncombe Technical College

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Asheville City Schools Homeless Liasion

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 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
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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- 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: Buncombe County Human Services Team

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: Lead agency for 10-year plan, Attend 10-year
(select all that apply) planning meetings during past 12 months, Committee/Sub-committee/Work Group

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? No

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

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

Instructions:

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- 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: Biltmore Transitional Housing

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: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Family Preservation 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: Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Case Management
(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: Goodwill Project Reentry

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management
(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: Haywood St. UMC

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Soup Kitchen/Food Pantry
(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: Hands On Asheville-Buncombe

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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: Life O'Mike

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
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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

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: PATH

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(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: Trinity Place

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(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: Unitarian Universalist Congregation of Asheville (UUCA)

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

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

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

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

Does the organization provide direct services to homeless people? 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: Warren Wilson College

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

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

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

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Education
(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, a. Newspapers, 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), e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, h. Survey Clients, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, o. Review CoC Membership Involvement, r. Review HMIS participation status, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, p. Review Match, i. Evaluate Project Readiness

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

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

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 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 FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

The number of Year-Round Emergency Beds increased by 32, all for children & families. In transitioning some ES rooms/space for family beds, the number of beds increased to accommodate for families with multiple children, which results in an overall increase in the capacity documented in the Housing Inventory. We also had a new seasonal/cold weather shelter emerge, offering 15 beds for people during the extremely harsh winter nights. This shelter is located in the county and accessible to people who may be too far from the city to get inside when temperatures drop.

HPRP Beds: Yes

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

This is the second year of the ARRA HPRP program which drastically increased the community's ability to offer HPRP beds/units so the number of beds increased by 12 times what was reported last year.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

There was a slight decrease in our total number of beds because we made the decision not to include Oxford Homes in the Housing Inventory - while may offer housing for people who are homeless, it is not their focus and they are not active members in the Homeless Coalition at this time.

Permanent Housing: Yes

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

We increased the number of Permanent Housing Beds by 77 due to an increase in HUD-VASH vouchers and the full implementation of the Chronic Homeless Project, which is a program that offers PSH to people experiencing chronic homelessness.

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 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

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

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

Must specify other:

A skilled staff person, from the HMIS Lead Agency, who is familiar with all housing programs in the community and with the HMIS housing data is assigned to conduct the housing inventory count

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, Housing inventory, National studies or data sources, 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):

Unmet need was calculated by completing the HUD Unmet Need formula and by evaluating HMIS outcomes and housing surveys completed reviewed by Homeless Coalition Members. Through a cold weather her response sub-committee, seasonal bed capacity is monitored & reported to the Coalition. The Homeless Coalition reported its findings to the 10-Year Plan Advisory Committee which is a data-driven, evidence based group that engages in ongoing evaluation of current capacity, need, and usage to develop a strategic plan for bed use and development. Local, consistent data from multiple sources, combined with national trends from recognized researchers allowed the community to clearly evaluate unmet need.

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-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina CoC, NC-500 - Winston Salem/Forsyth County CoC

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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

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

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

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

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate resources

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

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

Local government and funders require HMIS data, so all key providers use HMIS and even small agencies now participate. But resources are tight and agencies often rely on one person to enter data for all clients served. Also the skill-level and proficiency in using data entry systems like HMIS, the age of computers used, and staff turn-over present ongoing staffing issues. Through standardized and custom reporting, certification, refresher training, and focused technical assistance we are improving data quality. HMIS meetings offer peer-peer support and problem solving for staff entering data and administrators looking to pull data quality and outcomes reports. Student work-study positions enhance data entry capacity for agencies. We monitor progress and improve data quality and bed coverage by evaluating data quality reports with end-users AND the oversight committee. We work with our HMIS administrator and other NC CoC's/10-Year Plan communities to develop better outcomes.

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? No

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

Instructions:

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

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

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

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

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

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

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:

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

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

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

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

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)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
- Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

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

Instructions:

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

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

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

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

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

Integrating or warehousing data to generate unduplicated counts:	Never
Point-in-time count of sheltered persons:	At least Semi-annually
Point-in-time count of unsheltered persons:	Never
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

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

Instructions:

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

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

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

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

* Unique user name and password	At least 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: 09/12/2011

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

* Privacy/Ethics training	At least 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	Never
* HMIS software training	At least Monthly

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

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

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2012

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 overall number of sheltered and unsheltered people remained fairly stable from 2010-2011 count. The primary changes in the count were a slight drop in the number of people in shelters due to the transition of one shelter to permanent housing. The number of people in transitional housing stayed the same - the VA-funded Veteran's Quarters Transitional Housing finished its development in 2010, so there were no changes in 2011. We saw a slight increase in our unsheltered population. The shifts in our mental health system have left many people with the greatest needs without needed support, we think this has led to the slight increase in the unsheltered population.

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

Instructions:

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

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

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

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

If Other, specify:

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

The annual PIT occurs on the same night across the state of North Carolina. Providers are alerted through e-mail and continuum meetings, and trainings are provided before the count to help providers all complete the count the same way. Volunteers are recruited and trained.

Providers complete their count after they close their doors. An individual survey is completed by each participant. Providers/Volunteers speak with each participant when distributing the survey, being sure to ask if they've already completed it elsewhere. The survey includes HUD-mandated questions and a few local questions created by the Homeless Coalition. Some participants choose to complete the survey on their own, others prefer that a staff member complete the survey with them, and others may not want to speak with staff at all. At that point staff can use client files and/or their knowledge of the client to answer questions.

Providers also enter data into HMIS; this data is accessed within 24 hours of the Point in Time date and compared with the aggregated paper-survey results by staff at the City of Asheville familiar with all the providers. Outcomes are made available to the Homeless Coalition, which discusses glaring data errors or differences between the HMIS count and paper-surveys.

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

Instructions:

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

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

	HMIS	<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, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

Our CoC uses a survey with HUD-designated questions and some additional questions created through the Homeless Coalition that trained volunteers and providers fill out with or for each participant. The survey is anonymous and voluntary. People at shelters are offered the opportunity to complete the form independently, or with the help of a volunteer or staff. If people do not complete it, the provider will attempt to get verbal answers from the client. If the provider is familiar with the person and has records that can answer PIT questions, the provider can complete the survey and indicate that they have done so on the survey.

All providers that use HMIS have worked throughout the past year to ensure that their data collection and quality meets the community standards, and submits data for people on the night of the count. In 2011, it was determined that agencies with the same HMIS count as paper-survey count in 2011 & 2012 will be able to submit only an HMIS count. This helped increase focus on the HMIS system while having the dependable paper-count as a back up.

The results from these surveys are gathered by a City Staff member and aggregated. For the small percent of agencies not using HMIS, the staff member will make a follow-up call to evaluate the methods used by the reporting agency to ensure consistency. Results are then evaluated by the Homeless Coalition. If errors are found, they are discussed and addressed.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

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

Indicate the method(s) used to verify the data quality of sheltered homeless persons: (select all that apply)

Instructions:	<input 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).

Providers are trained and all complete the count on the same night in order to minimize duplication. They interview people after they close their doors for the night to limit duplication with other services. They individually interview each person and ask them if they have already been interviewed. Additionally, the interview form asks for initials of the person and includes their birth date so that subsequent review of the surveys can further reduce duplication.

HMIS is designed to de-duplicate counts, so community providers that can will cross-check client records with HMIS. HMIS data is evaluated regularly throughout the year and providers with low data quality receive technical assistance in order to improve their data quality.

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

In addition to the methods already discussed in prior essays, the Homeless Coalition distributes its point-in-time survey instrument annually to all homeless providers in the CoC prior to the PIT date. Trainings include review of the survey, collection methods, and role-playing to help providers new to the count learn how to best approach people and ask for information.

A time-line provides a clear description of the process, and reminders are sent out to providers via e-mail, facebook, twitter, and the local paper.

In order to complete the survey instrument accurately and count subpopulations, homeless providers use personal interviews, their case management, and/or HMIS records of individual clients and their expertise. Survey results are compiled by the City of Asheville and presented to the Homeless Coalition and Homeless Initiative Advisory Committee for review, and finally, the North Carolina Coalition to End Homelessness which offers an additional level of oversight and feedback.

Providers participate in feedback and have opportunities to explain or update the count if specific data-collection problems are identified.

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

Instructions:

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

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

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)

Public places count:	<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:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

People experiencing homeless are notified that a count will be occurring ahead of time by outreach workers. Outreach workers plot the area to be covered by the count (Asheville and Buncombe County) - they use their personal knowledge, reports from unsheltered people, interviews with police and emergency services responders, and reports from other City/County departments like Parks & Recreation or Planning. Outreach workers then identify "sections" of the coverage area and create maps that clearly outline the sections. Outreach workers also train volunteers and carry out a count at a specified time (usually starting early afternoon) - this reduces duplication. Surveys, which include a screening question to verify homeless status, include a space for people to provide (self identified) initials to minimize duplication. On the day following the count, outreach workers and staff at the day center ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time. HMIS is used to help evaluate the coverage of the street-count.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

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

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

If Other, specify:

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

Instructions:

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

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

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

People experiencing homeless are notified that a count will be occurring ahead of time by outreach workers. Outreach workers identify "sections" of the coverage area, train volunteers, and carry out a count at a specified time (usually starting early afternoon) - this reduces duplication. Surveys, which include a screening question to verify homeless status, include a space for people to provide (self identified) initials to minimize duplication. On the day following the count, outreach workers and staff at the day center ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time. HMIS is used to help evaluate the coverage of the street-count.

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):

There are women & childrens' beds at Western Carolina Rescue Ministries, a father-child shelter room at the Salvation Army, increased space at the domestic violence shelter; the shelters work with HPRP and other Tenant-Based Rental Assistance/Rapid Rehousing programs to divert or quickly rehouse families. Permanent housing is available through Veteran's VASH vouchers, and Shelter Plus Care programs can also support families. These housing programs work in tandem with collaborative outreach efforts among agencies to reach out to unsheltered families is expected to continue reduce the number of unsheltered households with dependent children. As the Chronic Homeless definition expands to incorporate families, programs hope to incorporate families into their programs that offer housing to people experiencing chronic homelessness.

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

The Continuum has refined outreach programs including collaborations with the jail, hospital, and mental hospital to reach out to people who are expected to sleep on the streets, preventing street homelessness whenever possible. The Buncombe County Department of Social Services asks every person they serve where they slept last night in order to identify people who are homeless or at risk of homelessness, including those that are sleeping outside or other places not meant for human habitation. Additionally, outreach workers routinely tour areas that are known to have people sleeping outside to alert people to available resources. Events like Project Connect help providers engage with people experiencing homelessness who are sleeping on the street. The Advisory Committee works to increase the community's capacity, allowing for a seamless path from outreach to housing, with the end result being permanent housing.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

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

- How many permanent housing beds are currently in place for chronically homeless persons?** 222
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 257
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 300
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 350

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

We plan to receive additional VASH vouchers, and local funding continues to grow to support the Chronic Housing Team that can offer flexible financial housing assistance and aid with down payment assistance for people accessing Housing Choice Vouchers continues to grow. An ongoing collaboration between the Housing Authority, the City of Asheville, VA has ensured that veterans experiencing chronic homelessness are able to access housing using VASH vouchers and other financial assistance. Secondly, a sub-group of the Homeless Initiative Advisory Committee/Homeless Coalition, funded by the City of Asheville, Buncombe County, and the Local Management Entity has increased the community's capacity to house people experiencing chronic homelessness by making use of a priority developed by the Housing Authority, other financial assistance, and outreach and case management accessed through a lead housing first agency and other partner agencies.

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

Asheville-Buncombe continues to implement the affordable housing plan has a task force to implement the plan - this task force has Homeless Coalition members on it. The group is implementing a series of steps that will increase affordable housing and housing for the homeless. The CoC will work on implementation strategies including: revisions to the Housing Trust Fund, review of policy and procedure that can encourage development, developing local subsidies for renters, and continuing the homeless priority for Housing Choice vouchers. Landlords and funders are increasingly included in the efforts. Participation by faith groups promises to render funds and volunteers for housing and services to be used for permanent, supportive housing. The Homeless Initiative Advisory Committee will assess and evaluate existing and potential opportunities, placing a clear emphasis on permanent housing as the primary outcome for any programs working with people experiencing chronic homelessness.

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

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

Instructions:

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

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

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 99

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 95

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 95

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 95

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 has reached and surpassed the threshold. Programs follow best-practices methods for offering housing-stabilization case management and monitor tenants to ensure that any problems are dealt with early and often. To ensure affordability, housing location services help link households with an appropriate housing match. For people who have a disability but no income, the SOAR (SSI/SSDI Outreach and Recovery) program helps people access benefits within months instead of years; having a consistent income offers a higher chance of housing stability. Over the next three years, a new SAMSA grant will help fund case management.

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

The COC intends to maintain existing program practices that have allowed the CoC to exceed the goal. Additionally, the CoC will ensure that representatives participate in state and national trainings/teleconferences/conferences that promulgate best practices so that new interventions and technologies can be incorporated into the COC's permanent, supportive housing programs.

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

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

Instructions:

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

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on 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 enter "0" in the numeric fields below and note in the narratives.

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 57

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 80

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).

We are excited about HEARTH and believe it will help us as we plan to embrace the "transition-in-place" model for the Interlace Program, which would allow participants in the program to take over the lease of an apartment the program has funded if they choose to do so. In exploring this with existing participants, the program has found this approach to be successful in helping families attain housing stability. Transitional Housing programs are also focusing more on the whole family, tracking and supporting them as they attain permanent housing so that the whole family has success and family members don't get "lost" in the larger system.

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):

Local funders including the City of Asheville and Buncombe County, are working together to fund programs that are able to report on permanent housing outcomes, which will promote a focus on permanent housing. Additionally, the CoC expects to see continuing increases in funding for supportive, housing stabilization services that will allow people to transition into permanent housing. An example of this are new case management/housing stabilization positions at the Housing Authority and Homeward Bound that will help people maintain housing or, if they have to leave, do so without damaging their rental/credit history.

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

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

Instructions:

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

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 5

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 20

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 22

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 25

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).

Many programs focus on clients who are disabled, and therefore, unable to be employed. For example, our Shelter Plus Care programs, by definition, are populated with clients who have a disabling condition. Participants who have disabling conditions are limited or unable to maintain employment so for some the focus has to become on accessing a stable income through disability benefits through case management and SOAR (SSI/SSDI Outreach and Recovery Program). Through problem solving and evaluation, as many people as possible who can obtain employment and work with existing employment agencies and educational centers are identified and supported. Over the next 12 months, agencies will work with each individual to create a plan for gaining employment or entitlement benefits. The Homeless Advisory committee will work with employment providers to plan around the loss of federal funds at the Employment Security Commission that were assisting many housing program participants.

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

The CoC will monitor progress through quarterly APR reviews and work with community employment programs, and employment programs offered through AB Technical College designed for people like those who have experienced homelessness to identify people who are not working and do not have a disabling condition that prevents them from working, help them develop a plan, and gain employment. AB Tech and the local university have identified staff members to work with students who are homeless /at risk of homelessness, creating a better response network. A current referendum could strengthen AB Tech's reach further if passed. Early identification will help employment programs understand the individual's housing goals and offer job training and placement that will help the individual maintain their housing over time. In addition, building relationships with local employers and local income support agencies will develop opportunities for people who are formerly homeless.

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

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

Instructions:

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

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 24

In 12 months, what will be the total number of homeless households with children? 20

In 5 years, what will be the total number of homeless households with children? 15

In 10 years, what will be the total number of homeless households with children? 5

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

The CoC plans to leverage already existing funds, such as HOME and Emergency Assistance funds with Homeless Prevention and Rapid Re-Housing funds. Additionally, a housing stabilization and financial assistance program has been developed through Eblen-Kimmel Charities. Through partnerships with our local information and referral line, shelters, schools, the local Departments of Health and Social Services, and faith groups, families will be identified and referred to the appropriate program(s) that will help them acquire stable housing. A new case management position at the Housing Authority helps families sustain their housing once they obtain it. Families experiencing chronic homelessness will be considered by agencies serving people with chronic homelessness as the definitions broadens to include families.

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

Collaboration with Buncombe County and the City of Asheville's School Liaisons will help agencies in the CoC quickly identify families that are at imminent risk of homeless, or homeless. Available housing and financial assistance paired targeted services and cross-systems support, such as legal support offered by Pisgah Legal Services (funded by CDBG funds) will provide families with the support they need to emerge from homelessness.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

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

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

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

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

Foster Care (Youth Aging Out):

Foster Care social workers receive training from homeless providers to understand what resources are available and also coordinate with permanent housing providers to locate permanent housing placements for Foster Care clients before discharge. Youth in Foster Care are offered the opportunity to sign an agreement that provides additional support to them after they become 18 and/or graduate from High School. The local day center, which sees many people each day, includes a question about foster care in their intake to help understand the scope of the challenge. As well, the Homeless Liaisons at the schools provide support to youth in foster care so that they can avoid becoming homeless or quickly gain housing if they do become homeless. For those youth that do become homeless, there is a shelter that can meet them where they are at and help them create a housing plan. There is also a group that supports GBLTQ teens that will provide outreach and some informal housing supports to youth who seek their help, including youth exiting shelter. Outreach workers are trained in resources available to youth so that while they are out on the streets, they are able to connect youth to supports quickly. DSS staff have access to HMIS, which is populated with current 211 data providing up-to-date information on community resources. The MOA signed between our Continuum and the Buncombe County Department of Social Services confirms that no one will be discharged to homelessness.

Health Care:

We work closely with Mission Hospitals, the regional primary care hospital in Western North Carolina and its social work and discharge planning staff to identify appropriate strategies and placement for persons being discharged. Hospital staff have participated in SOAR trainings and are working with CoC members to improve access to disability income for homeless people who are frequently accessing hospital services. The director of social work discharge sits on the Homeless Initiative Advisory committee so that response to issues can be direct and immediate. In addition, hospitals are encouraged to work with CoC members and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital. Western North Carolina Community Health Services provides health care for people who can not afford it, and through a the new SAMSHA grant have set aside slots so that people experiencing homelessness can get services as soon as possible.

Mental Health:

Our Continuum of Care has worked with NC Interagency Council for Coordinating Homeless Programs (ICCHP) members from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (The Divisions)implement protocols related to discharge of homeless people from state mental health hospitals and substance abuse treatment facilities. The Division's Office of State Operated Services and the ICCHP co-sponsored three regional trainings on appropriate discharge practices. The protocols have been finalized in MOAs that are signed by each hospital, treatment program, and the CoC. The MOA ensures that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. FY 2009 data indicates that 82% of people discharged from mental health institutions go to other outpatient and residential non-state facilities. PATH outreach workers and ACT Teams work to outreach and support people in crisis, and who need ongoing support. Police and Emergency Services professionals are trained in "Crisis Intervention Training", or CIT so that situations are descilated and there is an option to bring people to a 24 hour mental health/detox facility instead of Jail if mental health/substance abuse are the presenting issues. To further strengthen the physical health and mental health network, a team of providers and professionals is forming through the SAMSA grant.

Corrections:

To strengthen local response to discharge planning in ALL areas, the Advisory Committee and Homeless Coalition aligned their work with the Federal Strategic Plan. The NC Interagency Council for Coordinating Homeless Programs whose members include representatives this CoC and the Department of Correction (DOC) works to implement a ¿no discharge to homelessness¿ policy. Two case managers and a peer support specialist at the Buncombe County Detention Facility facilitate release planning for persons experiencing mental illness, substance addiction, homelessness. They also offer expedited access to the local Federally Qualified Health Center (same or next day) for institutional discharges from jail, prison, psychiatric or substance abuse inpatient/residential treatment facilities. A Jail Diversion committee created a "drop-off" center that evaluates people picked up by law enforcement immediately. This reduced the jail population and increased people's access to housing and services.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: HMIS will be implemented to: a. Link all services; c. Screen for program eligibility;e. Gather data needed to monitor progress. 2. Prevention a. Coordinate and expand short-term financial, counseling, and legal assistance to avoid homelessness; b. Assess the eligibility of assisted households for mainstream programs and provide effective links; c. Improve discharge planning for people leaving public institutions such as hospitals, prisons, jail, foster care, transitional programs, recovery programs, and half-way houses;d. Establish zero-tolerance for discharge to homelessness; e. Utilize the United Way 211 system for referrals;f. Educate landlords on homelessness and services available. 3. Permanent housing for all homeless: a. Create new permanent supportive housing units with project-based housing subsidies for persons with serious and persistent disabilities.

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

The City of Asheville manages \$500,000 in HPRP funds, and an additional \$600,000 was granted to a local agency and is managed by the State of North Carolina. HPRP subgrantees are members of the CoC, which supports the implementation of HRPP and helps identify how the funds can work in the context of the larger homeless crisis response sysetme. Other CoC members have committed to referring and accepting appropriate referrals from HPRP agencies. Discussions on how best to use HPRP in the context of existing financial assistance & housing stabilization programs occur at monthly meetings. Other tenant-based rental assistance and housing stabilization case management programs and crisis services funders have been incorporated into the monthly HPRP meetings to share best practices, target resources, and plan for continued implementation of the prevention and rapid re-housing model as described in HPRP and HEARTH.

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

The CoC has taken the lead in facilitating communication among key agencies that support the VASH program to better identify, support, and house people within the guidelines of the grant. American Recovery and Reinvestment Act funds are supporting a weatherization program, which will accept referrals from the CoC, including VASH and HPRP programs. As mentioned earlier in the grant, a new SAMSA grant will pull together members of the Homeless Coalition and other community resources to strengthen retention rates and the system's response to housing crisis. The Housing and transportation for people who are homeless are being considered as part of the larger Sustainable Communities Grant, which will incorporate people who have experienced homelessness in implementation and planning. HOME and CDBG funds distributed by the City of Asheville are used to support programs that offer housing financial assistance and housing stabilization services/case management..

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

If yes, please describe the established policies that are in currently in place. The CoC ensures that all agencies have policies that require all children to be enrolled in school AND connected to services in school and in the community. Updates from the Schools' Homeless Liasons ensures that the policy is put into practice.

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)

McKinney-Vento funded Homeless Liasons in grades K-12 identify children in families that are at risk of homelessness or who are homeless and immediately begin to connect them with services. Because Homeless Coalition agencies already have a policy in place to respond to the needs of students, the time between identifying a family in need and linking them to the correct resource is short. The Homeless Liaisons also work with youth to plan for what happens after school - sometimes this means linking them up with the local technical college or university, which both also have Homeless Liaisons. Likewise, if homeless families call 211, are identified by law enforcement, or go to a local housing provider for assistance, they are directly linked

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)

The CoC ensures that all partner agencies have a policy in place to immediately connect children, families, and youth with educational resources and assist them in identifying what is needed to offer the most stable, effective educational experience possible for the children. School liaisons for the Asheville & Buncombe County school system, as well as the technical college and university, make on-site visits to shelters and transitional housing. 211, the community information and referral line, has trained staff in how to respond to homelessness and family homelessness so that people calling for assistance can be flagged for important referrals and receive follow-up calls. The Department of Health and Social Services family case workers, and the nonprofits they fund are linked in with the homeless service system and educational resources so that targeted referrals can be made as soon as possible during a crisis.

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)

¿ In partnership with the Homeless Coalition, the VA hosted a homeless veterans summit. It outlined the plan to end veteran homelessness, which is informed by federal and local need. The VA currently funds emergency shelter, transitional housing, and permanent, supportive housing for veterans through local agencies. A local substance abuse treatment facility offers veteran-specific treatment. The HVRP, Homeless Veterans Reintegration Program and VWIP, Veterans Work Force Investment Program, Partnership with local Employment Security Commission who host weekly Job Club meetings at the VA Medical Center. A full-time outreach worker partners with the local day-center to offer outreach and a Justice Outreach worker partners with the jail and court systems. The VA offers a 24/7 homeless call center, a walk-in clinic with homeless specialists, 12 clinical social workers, and a full time substance abuse disorder Specialist to work with individuals in the homeless program here at the VA.

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

There is a youth shelter and transitional housing program that offer youth immediate safety. In a neighboring county there is a monastery that offers youth who have been rejected by mainstream programs a place to live and work; it serves as a creative and low-barrier living option for youth and young adults up to 25. Outreach is done by these groups, as well as a local LGBT outreach program that also offers youth in need housing options when resources are available. Another agency that focuses on green job opportunities reaches out to youth and offers housing and life support while they learn new job skills. School Homeless Liaisons report to the Homeless Coalition on the number of youth who are homeless and their needs and the Homeless Coalition reviews HMIS data to understand what interventions are working. A collaboration between the shelter and prevention/rapid re-housing programs recently formed and this group is seeking funding to provide youth-targeted HPRP-like support.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

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

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

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

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

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

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	227	Beds	222	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	95	%	98	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	70	%	57	%
Increase the percentage of homeless persons employed at exit to at least 20%	20	%	5	%
Decrease the number of homeless households with children.	35	Households	24	Households

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

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

We missed our PH goal by 5 beds. We experienced significant growth, but federal and local funds have been cut leading to a focus on sustaining existing programming instead of growing new housing.

We did not meet our goal to for employment at exit. Many people in the programs have a disabling condition that can make them unable to maintain employment. The Employment Security Commission, a long-time partner, lost funding which impacted its ability to work with CoC programs as it has in the past. The general state of the economy in the nation/our community has led to a higher unemployment rate overall.

We didn't exit enough participants from TH to PH. We newly reported on children's housing, reducing achievement because children were opting to leave to unspecified destinations (family/ friends of the abuser) and we were not always able to ascertain where was because the domestic violence victim we were serving was not in contact with the family.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	180	178
2010	187	192
2011	75	222

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011. 30

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations		\$191,492		\$115,280	\$118,380
Total	\$0	\$191,492	\$0	\$115,280	\$118,380

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):

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$ the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	37
b. Number of participants who did not leave the project(s)	96
c. Number of participants who exited after staying 6 months or longer	36
d. Number of participants who did not exit after staying 6 months or longer	89
e. Number of participants who did not exit and were enrolled for less than 6 months	7
TOTAL PH (%)	94

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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	56
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	32
TOTAL TH (%)	57

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

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

Total Number of Exiting Adults: 1,978

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	120	6	%
SSDI	48	2	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	0	0	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	98	5	%
Unemployment Benefits	0	0	%
Veterans Health Care	150	8	%
Medicaid	153	8	%
Food Stamps	1,704	86	%
Other (Please specify below)	10	1	%
Rental Subsidy			
No Financial Resources	193	10	%

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 the Energy Star Initiative go to: <http://www.energystar.gov>

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

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

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

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.

APRs are analyzed quarterly as a part of the CoC process by the CoC coordinator who provides feedback to agencies. In the interim, data quality reports and agency updates at Homeless Coalition meetings provide feedback on data quality and outcomes that will be reported in the APR.

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

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

The Homeless Initiative Group meets with mainstream resources to identify how homeless programs and mainstream programs can work with each other and communicates action steps to the Advisory Committee and Homeless Coalition. The meetings took place the second Tuesday of every month.

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

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

If yes, identify these staff members Provider Staff

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

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

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

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

SSI/SSDI

Has the CoC participated in SOAR training? Yes

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

January, March, and August 2011

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:	91%
At intake, clients and case managers discuss client needs and develop a plan to access mainstream resources. Case managers help with the plan.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	82%
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:	27%
Food Stamps, Medicaid, Work First, WIC	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	91%
4a. Describe the follow-up process:	
After clients have initiated the applicaton process, staff follow-up with them. In some cases, if client has provided permission, staff follow-up directly with the mainstream benefit provider.	

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
A HOPE Supportive ...	2011-10-24 12:53:...	1 Year	Homeward Bound of...	35,000	Renewal Project	SHP	PH	F
Pathways to Perma...	2011-10-20 07:29:...	1 Year	Homeward Bound of...	22,339	Renewal Project	SHP	PH	F
Bridge to Recovery	2011-10-21 18:02:...	1 Year	Housing Authority...	162,216	Renewal Project	S+C	SRA	U
Interlace	2011-10-18 19:01:...	1 Year	Western North Car...	260,360	Renewal Project	SHP	TH	F
A HOPE Day Center...	2011-10-24 12:51:...	1 Year	Homeward Bound of...	147,886	Renewal Project	SHP	SSO	F
Pathways to Perma...	2011-10-24 12:47:...	1 Year	Homeward Bound of...	22,251	Renewal Project	SHP	PH	F
Woodfin Apartment..	2011-10-20 18:06:...	1 Year	Housing Authority...	80,736	Renewal Project	S+C	PRA	U
Shelter Plus Care	2011-10-21 18:04:...	1 Year	Western Highlands..	256,992	Renewal Project	S+C	TRA	U
Pathways to Perma...	2011-10-24 13:03:...	2 Years	Homeward Bound of...	45,629	New Project	SHP	PH	P1

Budget Summary

FPRN	\$487,836
Permanent Housing Bonus	\$45,629
SPC Renewal	\$499,944
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC 501 Consistenc...	10/27/2011

Attachment Details

Document Description: NC 501 Consistency with the Consolidated Plan