

## **Before Starting the Project Listings for the CoC Priority Listing**

**The FY 2018 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2018 CoC Program Competition NOFA.**

The FY 2018 CoC Priority Listing includes the following:

- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new projects as described in the FY 2018 CoC Program Competition NOFA.
- New Project Listing – lists all new project applications created through reallocation, the bonus, and DV Bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2018 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

## 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 Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/ask-a-question/>.

**Collaborative Applicant Name:** North Carolina Coalition to End Homelessness Inc.

## 2. Reallocation

### Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**2-1. 2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2019 into one or more new projects?** Yes

### 3. Reallocation - Grant(s) Eliminated

**CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.**

<b>Amount Available for New Project: (Sum of All Eliminated Projects)</b>				
\$173,281				
<b>Eliminated Project Name</b>	<b>Grant Number Eliminated</b>	<b>Component Type</b>	<b>Annual Renewal Amount</b>	<b>Type of Reallocation</b>
CoC Rapid Rehousi...	NC0345L4F031500	PH	\$101,958	Regular
Eastpointe Shelte...	NC0359L4F031600	PH	\$67,414	Regular
Project Homeward ...	NC0177L4F031708	PH	\$3,909	Regular

### 3. Reallocation - Grant(s) Eliminated Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**\* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2017 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2017 Grant Inventory Worksheet to ensure all information entered on this form is accurate.**

**Eliminated Project Name:** CoC Rapid Rehousing Program

**Grant Number of Eliminated Project:** NC0345L4F031500

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** \$101,958

**3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)**

This project was reviewed and scored by the CoC's Project Review Committee using a scorecard created by the CoC's Scorecard Committee. This was the lowest-performing renewal project submitted to the CoC. The project did not meet thirteen standards on the scorecard, including being a Housing First project and meeting all of HUD's RRH Program Standards. The project also missed the performance section minimum of the scorecard. The Project Review Committee's recommendation to fully reallocate this project was approved by the CoC Steering Committee at its public meeting on August 30, 2018. The project applicant was notified on August 31

### 3. Reallocation - Grant(s) Eliminated Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**\* 3-1. Complete each of the fields below for each eligible renewal grant that**

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**is being eliminated during the FY 2017 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2017 Grant Inventory Worksheet to ensure all information entered on this form is accurate.**

**Eliminated Project Name:** Eastpointe Shelter Plus Care Beacon II Renewal 2018

**Grant Number of Eliminated Project:** NC0359L4F031600

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** \$67,414

**3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)**

This project was reviewed and scored by the CoC's Project Review Committee (PRC) using a scorecard created by the CoC's Scorecard Committee. This project was awarded in the FY2016 CoC competition. The grantee did not start the grant in time for renewal in the FY2017 or FY2018 competitions. Because the grantee has another grant (NC0241L4F031702) covering the same counties and had total spending of 68% in the last completed operating year and was on track to spend less in the current operating year, the PRC recommended fully reallocating this grant this year. The PRC's recommendation to fully reallocate this project was approved by the CoC Steering Committee at its public meeting on August 30. The project applicant was notified on August 30.

### 3. Reallocation - Grant(s) Eliminated Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**\* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2017 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2017 Grant Inventory Worksheet to ensure all information entered on this form is accurate.**

**Eliminated Project Name:** Project Homeward Bound PSH Renewal

**Grant Number of Eliminated Project:** NC0177L4F031708

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** \$3,909

**3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)**

Sandhills Community Action Program decided not to apply for the renewal of the Project Homeward Bound PSH project in the FY2018 competition. The agency was not notified of not being included in the ranking list since they independently made the decision not to apply.

## 4. Reallocation - Grant(s) Reduced

**CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.**

Amount Available for New Project (Sum of All Reduced Projects)					
\$349,671					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Community Link PR...	NC0045L4F031710	\$679,976	\$543,875	\$136,101	Regular
Community Link- K...	NC0221L4F031707	\$935,916	\$795,501	\$140,415	Regular
Eastpointe Shelte...	NC0358L4F031600	\$143,854	\$70,699	\$73,155	Regular



## 4. Reallocation - Grant(s) Reduced Details

### Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**4-1. Complete the fields below for each eligible renewal grant that is being reduced during the FY 2018 reallocation process. Collaborative Applicants should refer to the FY 2018 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Community Link PRC PSH 0045-2018

**Grant Number of Reduced Project:** NC0045L4F031710

**Reduced Project Current Annual Renewal Amount:** \$679,976

**Amount Retained for Project:** \$543,875

**Amount available for New Project(s):** \$136,101  
(This amount will auto-calculate by selecting "Save" button)

**4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)**

The CoC's Project Review Committee (PRC) reviewed and scored this project application using a scorecard created by the CoC's Scorecard Committee. The scorecard includes a question about spending rates for the most recent completed grant year. This project spent only 44% of its allocated funds in the most recent year. The project has a history of underspending. Of all renewal projects, this was 1 of 2 that had such low spending in the prior operating year with a history of underspending (other than 2 grants that were reallocated in FY2017). The PRC recommended 20% of the project's budget to avoid further underspent funds in the CoC. The PRC's recommendation to partially reallocate this project was approved by the CoC Steering Committee at its public meeting on August 30. The project applicant was notified on August 30.

## 4. Reallocation - Grant(s) Reduced Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**4-1. Complete the fields below for each eligible renewal grant that is being reduced during the FY 2018 reallocation process. Collaborative Applicants should refer to the FY 2018 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Community Link- Kerr Tar PSH 0221- 2018

**Grant Number of Reduced Project:** NC0221L4F031707

**Reduced Project Current Annual Renewal Amount:** \$935,916

**Amount Retained for Project:** \$795,501

**Amount available for New Project(s):** \$140,415  
(This amount will auto-calculate by selecting "Save" button)

**4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)**

The CoC's Project Review Committee (PRC) reviewed and scored this project application using a scorecard created by the CoC's Scorecard Committee. The scorecard includes a question about spending rates for the most recent completed grant year. This project spent only 59% of its allocated funds in the most recent year. The project has a history of underspending. Of all renewal projects, this was 1 of 2 that had such low spending in the prior operating year with a history of underspending (other than 2 grants that were reallocated in FY2017). The PRC recommended 15% of the project's budget to avoid further underspent funds in the CoC. The PRC's recommendation to partially reallocate this project was approved by the CoC Steering Committee at its public meeting on August 30. The project applicant was notified on August 30.

## 4. Reallocation - Grant(s) Reduced Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**4-1. Complete the fields below for each eligible renewal grant that is being reduced during the FY 2018 reallocation process. Collaborative Applicants should refer to the FY 2018 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Eastpointe Shelter Plus Care Southeast Renewal 2018

**Grant Number of Reduced Project:** NC0358L4F031600

**Reduced Project Current Annual Renewal Amount:** \$143,854

**Amount Retained for Project:** \$70,699

**Amount available for New Project(s):** \$73,155  
**(This amount will auto-calculate by selecting "Save" button)**

**4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)**

This project was reviewed and scored by the CoC's Project Review Committee (PRC) using a scorecard created by the CoC's Scorecard Committee. This project was awarded in the FY2016 CoC competition. The grantee did not start the grant in time for renewal in the FY2017 or FY2018 competitions. Because the grantee has not started this project after two competitions and continues to struggle to find enough eligible households to meet the current unit/bed configuration, the PRC recommended reallocating 50% of the project's budget this year. The PRC's recommendation to partially reallocate this project was approved by the CoC Steering Committee at its public meeting on August 30. The project applicant was notified on August 30.

## 5. Reallocation - New Project(s)

**Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.**

Sum of All New Reallocated Project Requests  
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$522,952				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
31	PittRRH2018	PH	\$115,139	Regular
32	COC_RRH UCCS	PH	\$164,856	Regular
35	BoS CCO-CE N...	SSO	\$242,957	Regular

## 5. Reallocation - New Project(s) Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**5-1. Complete each of the fields below for each new project created through reallocation in the FY 2018 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2018 CoC Program Competition NOFA.**

**FY 2018 Rank (from Project Listing):** 31  
**Proposed New Project Name:** PittRRH2018  
**Component Type:** PH  
**Amount Requested for New Project:** \$115,139

## 5. Reallocation - New Project(s) Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**5-1. Complete each of the fields below for each new project created through reallocation in the FY 2018 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2018 CoC Program Competition NOFA.**

**FY 2018 Rank (from Project Listing):** 32  
**Proposed New Project Name:** COC\_RRH UCCS  
**Component Type:** PH  
**Amount Requested for New Project:** \$164,856

## 5. Reallocation - New Project(s) Details

### Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**5-1. Complete each of the fields below for each new project created through reallocation in the FY 2018 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2018 CoC Program Competition NOFA.**

**FY 2018 Rank (from Project Listing):** 35

**Proposed New Project Name:** BoS CCO-CE New Expansion 2018

**Component Type:** SSO

**Amount Requested for New Project:** \$242,957

## 6. Reallocation: Balance Summary

### Instructions

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**6-1 Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, “Remaining Reallocation Balance” should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds request for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects.**

### Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$522,952
Amount requested for new project(s):	\$522,952
Remaining Reallocation Balance:	\$0

## Continuum of Care (CoC) New Project Listing

**Instructions:**

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

### EX1\_Project\_List\_Status\_field

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
COC Rapid Rehousing	2018-09-05 14:54:...	PH	Union County Comm...	\$164,856	1 Year	32	Reallocation	RRH	
PittRRH2018	2018-09-05 12:25:...	PH	Pitt County	\$115,139	1 Year	31	Reallocation	RRH	
Community Link-P...	2018-09-06 00:06:...	PH	Community Link, P...	\$273,589	1 Year	37	PH Bonus	PSH	Yes
NC DV Survivor Ho...	2018-09-05 18:19:...	PH	North Carolina Co...	\$1,165,934	1 Year	36		RRH	
2018 SSO CE New B...	2018-09-05 18:32:...	SSO	North Carolina Co...	\$264,000	1 Year	35	Both		Yes
Eastpointe Shelter...	2018-09-06 11:28:...	PH	Eastpointe Human ...	\$139,524	1 Year	38	PH Bonus	PSH	Yes



# Continuum of Care (CoC) Renewal Project Listing

## Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

**The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.**

**The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.**

## EX1\_Project\_List\_Status\_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type
Trillium PSH #2	2018-09-05 12:08:...	1 Year	Trillium Health R...	\$114,299	6	PSH	PH	
Trillium PSH #3	2018-09-05 12:08:...	1 Year	Trillium Health R...	\$94,676	10	PSH	PH	
RCHH Rapid Re-Ho...	2018-09-05 13:42:...	1 Year	Rockingham County...	\$193,334	30	RRH	PH	

Trillium PSH #1	2018-09-05 12:07:...	1 Year	Trillium Health R...	\$783,067	12	PSH	PH	
2018 Reidsville H...	2018-09-05 11:26:...	1 Year	The New Reidsvill...	\$257,759	19	PSH	PH	
SHAHC PH Renewal ...	2018-09-05 14:56:...	1 Year	Surry Homeless an...	\$112,845	34	PSH	PH	
RCHH Permanent Su...	2018-09-05 13:41:...	1 Year	Rockingha m County...	\$243,202	22	PSH	PH	
Pathways to Perma...	2018-09-05 16:25:...	1 Year	Sixth Avenue Psyc...	\$64,290	11	PSH	PH	
Pathways to Perma...	2018-09-05 16:12:...	1 Year	Sixth Avenue Psyc...	\$192,259	24	PSH	PH	
Communit y Link-Ke...	2018-09-06 00:13:...	1 Year	Communit y Link, P...	\$795,501	15	PSH	PH	
Vaya Health PSH W...	2018-09-05 16:15:...	1 Year	Vaya Health	\$375,842	4	PSH	PH	
2018 HMIS Renewal...	2018-09-05 18:21:...	1 Year	North Carolina Co...	\$519,299	1		HMIS	
Communit y Link-PR...	2018-09-06 00:09:...	1 Year	Communit y Link, P...	\$543,875	18	PSH	PH	
Vaya Health PSH C...	2018-09-05 16:08:...	1 Year	Vaya Health	\$49,498	3	PSH	PH	
Communit y Link- P...	2018-09-06 00:22:...	1 Year	Communit y Link, P...	\$124,521	28	PSH	PH	
2018 SSO CE Renew...	2018-09-05 18:43:...	1 Year	North Carolina Co...	\$159,767	2		SSO	
Vaya Health PSH C...	2018-09-05 16:12:...	1 Year	Vaya Health	\$410,140	5	PSH	PH	
Communit y Link- P...	2018-09-06 00:26:...	1 Year	Communit y Link, P...	\$178,577	23	PSH	PH	
Communit y Link- A...	2018-09-06 00:17:...	1 Year	Communit y Link, P...	\$288,085	27	PSH	PH	
Eastpointe Shelte...	2018-09-06 11:26:...	1 Year	Eastpointe Human ...	\$53,799	7	PSH	PH	

Eastpointe Shelte...	2018-09-06 11:24:...	1 Year	Eastpointe Human ...	\$162,203	9	PSH	PH	
Eastpointe Shelte...	2018-09-06 11:27:...	1 Year	Eastpointe Human ...	\$70,699	26	PSH	PH	
Communit y Link- P...	2018-09-06 11:23:...	1 Year	Communit y Link, P...	\$325,345	29	RRH	PH	
Communit y Link- P...	2018-09-06 11:21:...	1 Year	Communit y Link, P...	\$250,109	21	PSH	PH	
Project Hope Rene...	2018-09-06 08:54:...	1 Year	Housing Authority...	\$445,952	14	PSH	PH	
Project Stable So...	2018-09-06 09:56:...	1 Year	Housing Authority...	\$61,923	13	PSH	PH	
Solid Ground Rene...	2018-09-06 09:59:...	1 Year	Housing Authority...	\$66,756	16	PSH	PH	
Seeds of Change R...	2018-09-06 09:57:...	1 Year	Housing Authority...	\$307,464	17	PSH	PH	
Eastpointe Shelte...	2018-09-06 11:25:...	1 Year	Eastpointe Human ...	\$236,187	8	PSH	PH	
HOPE PSH FY 2018	2018-09-06 14:37:...	1 Year	Burlington Develo...	\$79,127	25	PSH	PH	
STEPS RRH FY 2018	2018-09-06 14:37:...	1 Year	Burlington Develo...	\$59,704	33	RRH	PH	
Partners Consolid...	2018-09-06 14:36:...	1 Year	Partners Behavior...	\$245,315	20	PSH	PH	

# Continuum of Care (CoC) Planning Project Listing

## Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

## EX1\_Project\_List\_Status\_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
2018 Balance of S...	2018-09-06 12:44:...	1 Year	North Carolina Co...	\$349,781	CoC Planning Proj...

# Funding Summary

## Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$7,865,419
Consolidated Amount	\$0
New Amount	\$2,123,042
CoC Planning Amount	\$349,781
Rejected Amount	\$0
<b>TOTAL CoC REQUEST</b>	<b>\$10,338,242</b>

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Consistency with ...	09/28/2018
FY 2017 Rank (from Project Listing)	No		
Other	No		
Other	No		

## **Attachment Details**

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

**WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.**

**WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.**

Page	Last Updated
<b>Before Starting</b>	No Input Required
<b>1A. Identification</b>	09/21/2018
<b>2. Reallocation</b>	09/21/2018
<b>3. Grant(s) Eliminated</b>	09/21/2018
<b>4. Grant(s) Reduced</b>	09/21/2018
<b>5. New Project(s)</b>	09/21/2018
<b>6. Balance Summary</b>	No Input Required
<b>7A. CoC New Project Listing</b>	09/21/2018
<b>7B. CoC Renewal Project Listing</b>	09/21/2018



<b>7D. CoC Planning Project Listing</b>	09/21/2018
<b>Funding Summary</b>	No Input Required
<b>Attachments</b>	09/28/2018
<b>Submission Summary</b>	No Input Required

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: See attached list of applicants

Project Name: See attached list of project names

Location of the Project: See attached lists of project locations

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care (Homeless Assistance)

Name of  
Certifying Jurisdiction: State of North Carolina

Certifying Official  
of the Jurisdiction  
Name: Iris Payne

Title: CDBG Director

Signature:



Date:

9/24/18

**NC Balance of State Continuum of Care Project Applications**

<i>Renewal Projects</i>					
<b>Applicant Name</b>	<b>Project Name</b>	<b>Component</b>	<b>Location</b>	<b>Amount Requested</b>	
Burlington Development Corporation	STEPS-RRH	PH-RRH	133 N. Ireland St. Burlington, NC 27216-2380	\$59,704	
Burlington Development Corporation	HOPE-PSH	PH	133 N. Ireland St. Burlington, NC 27216-2380	\$79,127	
Community Link	AC PSH 0031-2018	PH	601 E. 5 <sup>th</sup> St., Suite 220 Charlotte, NC 28202	\$288,085	
Community Link	Community Link- PC PSH 0148-2018	PH	601 E. 5 <sup>th</sup> St., Suite 220 Charlotte, NC 28202	\$124,521	
Community Link	Community Link- Kerr Tarr PSH 0221-2018	PH	601 E. 5 <sup>th</sup> St., Suite 220 Charlotte, NC 28202	\$795,501	
Community Link	Community Link- PRC PSH 0235-2018	PH	601 E. 5 <sup>th</sup> St., Suite 220 Charlotte, NC 28202	\$178,577	
Community Link	Community Link- PRC PSH 0045-2018	PH	601 E. 5 <sup>th</sup> St., Suite 220 Charlotte, NC 28202	\$543,875	
Community Link	Community Link- PRC- RRRH-0125-2018	PH-RRH	601 E. 5 <sup>th</sup> St., Suite 220 Charlotte, NC 28202	\$325,345	
Community Link	Community Link- PRC- Permanent Supportive Housing-Renewal 0235 2018	PH	601 E. 5 <sup>th</sup> St., Suite 220 Charlotte, NC 28202		
Community Link, Community Link, Programs of Travelers Aid	Potential expansion project	PH	601 E. 5 <sup>th</sup> St., Suite 220 Charlotte, NC 28202	\$250,109	
Eastpointe Human Services	Eastpointe Shelter Plus Care 3 - Renewal	PH	100 South James St., Box B Goldsboro, NC 27530	\$236,187	
Eastpointe Human Services	Eastpointe Shelter Plus Care Beacon Renewal	PH	100 South James St., Box B Goldsboro, NC 27530	\$53,799	
Eastpointe Human Services	Eastpointe Shelter Plus Care - Combined-Renewal	PH	100 South James St., Box B Goldsboro, NC 27530	\$162,203	
Eastpointe Human Services	Eastpointe Shelter Plus Care-Southeast	PH	100 South James St., Box B Goldsboro, NC 27530	\$70,699	
Eastpointe Human Services	Potential expansion project	PH	100 South James St., Box B Goldsboro, NC 27530	\$139,542	

**NC Balance of State Continuum of Care Project Applications**

Housing Authority of the City of Greenville	Seeds of Change Renewal	PH	1103 Broad St. Greenville, NC 27834	\$307,464
Housing Authority of the City of Greenville	Solid Ground Renewal	PH	1103 Broad St. Greenville, NC 27834	\$66,756
Housing Authority of the City of Greenville	Project HOPE Renewal	PH	1103 Broad St. Greenville, NC 27834	\$445,952
Housing Authority of the City of Greenville	Project Stable Solutions Renewal	PH	1103 Broad St. Greenville, NC 27834	\$61,923
New Reidsville Housing Authority	2017 Reidsville HA Renewal 2018-2019	PH	924 Third Ave. Reidsville, NC 27320	\$257,759
North Carolina Coalition to End Homelessness	HMIS Renewal-Balance of State	HMIS	PO Box 27692 Raleigh, NC 27611	\$519,299
North Carolina Coalition to End Homelessness	2017 Balance of State Coordinated Assessment SSO	Supportive Services Only	PO Box 27692 Raleigh, NC 27611	\$159,767
Partners Behavioral Health Management-Central Region	Partners Consolidated Renewal	PH	1985 Tate Blvd., Suite 529 Hickory, NC 28602	\$245,315
Rockingham County Help For Homeless, Inc.	RCHH PH-RRH Renewal Grant	PH-RRH	108 N. Franklin St. Madison, NC 27025	\$193,334
Rockingham County Help For Homeless, Inc.	RCHH PSH Renewal Grant	PH	108 N. Franklin St. Madison, NC 27025	\$243,202
Sixth avenue Psychiatric Rehabilitation Partners, Inc, dba Thrive	Pathways to Permanent Housing Henderson County	PH	110-C Chadwick Square Court Hendersonville, NC 28739	\$192,259
Sixth avenue Psychiatric Rehabilitation Partners, Inc, dba Thrive	Pathways to Permanent Housing Henderson County 3	PH	110-C Chadwick Square Court Hendersonville, NC 28739	\$64,290
Surry Homeless and Affordable Housing Coalition	SHAHC PH Renewal	PH	501-B S. South St. Mt. Airy, NC 27030	\$112,845
Trillium Health Resources	Trillium Health Resources PSH #1	PH	1708 E. Arlington Blvd. Greenville, NC 27858-5872	\$783,067
Trillium Health Resources	Trillium Health Resources PSH #2	PH	1708 E. Arlington Blvd. Greenville, NC 27858-5872	\$114,299

**NC Balance of State Continuum of Care Project Applications**

Trillium Health Resources	Trillium Health Resources PSH #3	PH	1708 E. Arlington Blvd. Greenville, NC 27858-5872	\$94,676
Vaya Health	Vaya PSH Central 2011	PH	825 Wilkesboro Blvd. SE Lenoir, NC 28645	\$410,140
Vaya Health	Vaya PSH Central Chronic	PH	825 Wilkesboro Blvd. SE Lenoir, NC 28645	\$49,498
Vaya Health	Vaya PSH Western Combo	PH	825 Wilkesboro Blvd. SE Lenoir, NC 28645	\$375,842
<b><i>New Projects</i></b>				
North Carolina Coalition Against Domestic Violence	NC IPV Survivor Housing Solutions	DV-RRH	3710 University Drive, Suite 140, Durham, NC 27707	\$1,165,934
North Carolina Coalition to End Homelessness	CoC Planning	CoC Planning	PO Box 27692 Raleigh, NC 27611	\$437,227
North Carolina Coalition to End Homelessness	BoS SSO-CE New Expansion	Supportive Services	PO Box 27692 Raleigh, NC 27611	\$264,000
Pitt County Planning	Pitt RRH 2018	PH-RRH	1717 W. Fifth St. Greenville, NC 27834	\$115,139
Union County Community Shelter	CoC Rapid Rehousing UCCS	PH-RRH	311 E. Jefferson St. Monroe, NC 28112	\$164,856

# Determination of Certification Non-PHA

**General Information**

Organization Name: North Carolina Coalition to End Homelessness (CoC Collaborative Applicant and Project Applicant)

Mailing Address: PO Box 27692, Raleigh, NC 27611

Executive Director/CEO Name and Phone # Denise Neunaber 919-755-4393

Email Address of Executive Director : denise@ncceh.org

Fiscal Year Beginning ( MM/YYYY ) : 01/2018

Type of Plan for Review: Other Special Project ( Enter Name) HUD Continuum of Care Homeless Assistance Program

     Annual Plan Only         Five Year and Annual Plan         5 Year Plan Only         ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
N/A	CDBG			
X	Emergency Shelter Grant	NC Department of Health and Human Services	\$292,420	3/1/2018-12/31/2018
N/A	HOME Funds			
N/A	IDA Funds			
N/A	HOPWA			
N/A	Tax Credit Financing			
N/A	Down Payment Assistance			

Is your agency a non-profit agency X YES         NO

a) Year Started :                    2000

b) Board Chair                        Nicole Dewitt

If not please describe type of agency: N/A

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.** The mission of the North Carolina Coalition to End Homelessness (NCCEH) is to end homelessness by creating alliances, encouraging public dialogue, securing resources and advocating for systemic change. NCCEH works with communities to address root causes of homelessness by developing and implementing data-driven strategies that are focused on permanent housing and appropriate services. NCCEH's funding support comes from contracts with the NC DHHS, the Z. Smith Reynolds Foundation, the Robert Wood Johnson Foundation, HUD CoC funding, memberships, donations, and training registration fees.

### **Affordable Housing**

- 1) **What is your agency currently doing to promote affordable housing?**

NCCEH coordinates the NC Balance of State Continuum of Care, which currently has 55 HUD grants to provide permanent supportive housing and rapid re-housing services to homeless individuals and families. NCCEH also supports the NC Housing Finance Agency and the NC Housing Coalition on programs to provide housing to homeless populations and promotes expanding affordable, permanent housing in all 12 Continuums of Care throughout North Carolina.

- 2) **What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

NCCEH is submitting an application to HUD on behalf of the NC Balance of State Continuum of Care. The application is for Continuum of Care funding that will provide rapid re-housing, permanent supportive housing, and supportive services to homeless people across the 79-county region, including families with children, people with disabilities, and chronically homeless people. NCCEH is also submitting project applications for CoC planning funds to increase capacity to effectively oversee the NC Balance of State CoC, for services funds to provide technical assistance for communities implementing their HUD-required coordinated assessment systems, and for HMIS funds to implement the HUD-required Homeless Management Information System across the CoC.

### **FAIR HOUSING**

- 1) **How does your agency promote fair housing and ensure fair housing law is implemented?**

NCCEH advocates for fair housing principles in all areas of its work. NC Balance of State CoC grantees are required to affirmatively further fair housing through outreach to eligible program participants. NCCEH follows up on any fair housing complaint brought to its attention within the NC Balance of State CoC jurisdiction by contacting the claimant and referring him/her to the appropriate agency, including HUD and Legal Aid of North Carolina. In addition, NCCEH has worked closely with state partners on the Department of Justice Olmstead settlement to move people with disabilities from institutional settings to integrated community housing.

2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

No fair housing complaints have been issued against NCCEH.

3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

No complaints about the agency have been submitted to the Fair Housing Commission or to HUD.

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
N/A	Infrastructure			
N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	Catalyst			
N/A	NSP 1 Funding			
N/A	NSP 3 Funding			
N/A	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A



### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Homeless Prevention			
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

ESG funding allows NCCEH to assist organizations statewide in gathering client-level data, as well as data on housing and services provided to those experiencing (or at risk of experiencing) homelessness. NCCEH utilizes aggregate data to better understand patterns and trends around homelessness, such as how the homeless access services, and how communities are working to reduce homelessness.

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
NC Department of Health and Human Services	Contract for SOAR Program Coordination (\$93,920)	AnneMarie Wiwitowski
NC Department of Health and Human Services	Grant under Competitive Grant Program for Statewide Health and Human Services Initiative (\$162,688)	Kim Crawford

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Denise Neunaber (Executive Director) certify that information reported in this form is accurate and true for the North Carolina Coalition to End Homelessness (agency name) on 7/19/2018 (mm/dd/yyyy)

Denise Neunaber 7/19/18  
Executive Director Date

**Please mail the form back to:**

North Carolina Division of Community Assistance  
Attn: Angela Williams, Division Administrative Assistant  
100 E. Six Forks Road  
4313 Mail Service Center  
Raleigh, NC 27699-4313  
(919) 571-4900



BDC's mission is to provide educational and self-sufficiency opportunities to residents of Burlington Housing Authority and the community when appropriate. Funding comes from various grant sources and donations to implement ROSS and scholarship, pre-school and after school programs.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Our agency partners with local homeownership programs (Habitat for Humanity and Alamance County Community Services Agency) that build affordable housing options for low-income individuals and families. Informational workshops are offered to clients and agency staff often serves on advisory boards/committees for the partner agencies.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Continuum of Care Competition for Supportive Housing programs.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

This agency adheres to all Fair Housing laws and regulations and advocates for all clients to ensure received the most appropriate housing option. When possible, our agency attends fair housing workshops when offered to remain educated and to better practice Fair Housing rules and regulations.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

N/A

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaints resolved?**

N/A

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
n/a	Scattered Site			
n/a	Infrastructure			
n/a	Urgent Needs			
n/a	IDA Funds			
n/a	Capacity Building			
n/a	Economic Development			
n/a	Housing Development			
n/a	Catalyst			
n/a	NSP 1 Funding			
n/a	NSP 3 Funding			
n/a	Other <i>(please describe)</i>			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
n/a	Urgent Repair			
n/a	Single Family Rehab			
n/a	Housing 400 Initiative			
n/a	Tax Credits			
n/a	Down Payment Assistance			
n/a	IDA Loan Pool			
n/a	New Homes Loan Pool			
n/a	Duke Home Energy Loan Pool			

n/a	Homeless Prevention and Rapid Re-Housing			
-----	--	--	--	--

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
n/a	Homeless Prevention/Rapid Re-Housing			
n/a	Operations			
n/a	Supportive Services			
n/a	WAP			
n/a	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
n/a	Rental Assistance			
n/a	Short Term Supportive Housing			
n/a	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I **Veronica Revels** (Executive Director) certify that information reported in this form is accurate and true for **Burlington Development Corporation** (agency name) on **07/23/2018** (mm/dd/yyyy)

Veronica Revels                      7/23/18  
 Executive Director                      Date

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Burlington Development Corporation

Project Name: HOPE PSH

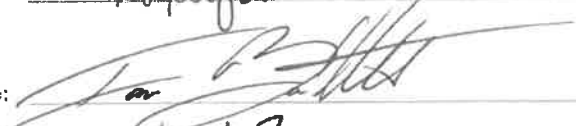
Location of the Project: Burlington, NC (Alamance County)

Name of the Federal Program to which the applicant is applying: 2018 Continuum of Care Competition

Name of Certifying Jurisdiction: City of Burlington

Certifying Official of the Jurisdiction Name: Ian Baltutis

Title: Mayor

Signature: 

Date: 7/17/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Burlington Development Corporation

Project Name: STEPS RRH

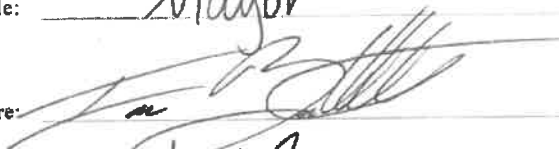
Location of the Project: Burlington, NC (Alamance County)

Name of the Federal Program to which the applicant is applying: 2018 Continuum of Care Competition

Name of Certifying Jurisdiction: City of Burlington

Certifying Official of the Jurisdiction Name: Ian Balutis

Title: Mayor

Signature: 

Date: 7/17/18

## Determination of Certification Non-PHA

### General Information

Organization Name: Community Link

Mailing Address: 601 E 5<sup>th</sup> Street, Suite 220, Charlotte 28202

Executive Director/CEO Name and Phone # Floyd R. Davis, Jr./704-943-9491

Email Address of Executive Director : fdavis@communitylinknc.org

Fiscal Year Beginning ( MM/YYYY ) : 07/2018

Type of Plan for Review: Other Special Project ( Enter Name ) HUD Continuum of Care Homeless Assistance Program

n/a Annual Plan Only n/a Five Year and Annual Plan n/a 5 Year Plan Only  
n/a ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

<input checked="" type="checkbox"/>	<b>Funding Source</b>	<b>Agency</b>	<b>Dollar Amount</b>	<b>Fiscal Year</b>
<input checked="" type="checkbox"/>	CDBG	City of Charlotte	\$95,000	2018-2019
<input checked="" type="checkbox"/>	Emergency Solutions Grant	City of Charlotte	\$45,000	2018-2019
<input type="checkbox"/>	HOME Funds			
<input type="checkbox"/>	IDA Funds			
<input type="checkbox"/>	HOPWA			
<input type="checkbox"/>	Tax Credit Financing			
<input type="checkbox"/>	Down Payment Assistance			

Is your agency a non-profit agency X YES        NO

a) Year Started : 1929

b) Board Chair Margaret Cleveland

If not please describe type of agency: \_\_\_\_\_

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

Community Link's mission is to enable individuals and families to obtain and sustain safe, decent and affordable housing. Over the years, we have acquired several federal grants that are contributing to a large portion of our agency's budget being from government sources such as (federal) Department of Housing and Urban Development, Department of Veterans Affairs, (state) NC Housing Finance Agency, (local) City of Charlotte. Community Link also has multiple private foundations, faith based organizations and donors that help to support the agency's mission.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Currently our agency is working to promote fair housing by participating in specific activities in the community.

1. Partnering with True Homes houses to make homes affordable for Veterans by allowing a Lease to Own option and credit/housing counseling throughout the process.
2. Providing staff training to advocate for decreased rents through one on one coaching and supervision
3. Educating landlords and realtors on the need for affordable housing at Realtor/Lender events.
4. Educating participants on the home buying and lending process through our Homeownership Counseling and Education program.
5. Partnering with developers in multiple counties to generate interest in new affordable housing projects for low to moderate income families and providing pre purchase counseling to potential buyers.
6. Administering the Hardest Hit Fund (NC HFA) to reduce principal and extinguish liens to make homeownership affordable for consumers on a fixed income.

Contributing staff resources on the Greater Charlotte Apartment Association workforce and Affordable Housing Taskforce in Charlotte to advocate for affordable housing in every rent range and in every neighborhood

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

We are responding to the 2018 HUD Continuum of Care Notice of Funding Availability to renew a total of 9 Homeless Assistance grants. The grants include rental assistance and housing supportive services in Mecklenburg, Cabarrus, Davidson, Stanly, Union, Rowan, Person, Chatham, Caswell, Orange, Alamance, Granville, Franklin, Vance, Warren and Halifax counties.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Members of our staff have participated in relevant trainings within the last year. The Homeless to Housing staff attended a Landlord Training seminar sponsored by the Charlotte Mecklenburg Police Department that included components of Fair Housing in March 2018. Additionally, the Asset Building staff received the online fair housing certificate via Counselor's Corner in February 2018.

Our expectation of compliance with fair housing laws is communicated to landlords at orientation and our staff works closely with landlords to ensure expectations are met.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

Community Link has not received any fair housing complaints

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

Community Link has not received notification of any complaints from the NC Fair Housing Commission or HUD.

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

Not Applicable

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

Not Applicable

**Emergency Shelter Solutions Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
✓	Homeless Prevention	\$45,000	2018-2019	City of Charlotte
	Operations			
	Supportive Services			
	WAP			
	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

Community Link, Piedmont Regional Committee (PRC) and the Cabarrus Homelessness Task Force are directly mentioned in the 2015-2019 Consolidated Plan for the City of Kannapolis as consultant groups on the plan to address the needs of low to moderate income families, homelessness and community development. As the Lead Agency in the Piedmont Region the plan clearly states that Community Link's efforts (COC-Permanent Supportive Housing and now COC & ESG Rapid Rehousing) were considered when preparing the Plan.

Community Link receives Emergency Solutions Grant funds in the City of Charlotte to provide Homeless Prevention services in Mecklenburg County. This project specifically provides short-term rental assistance and utility assistance for families at risk of becoming homeless. Community Link is not an Emergency Solutions Grants grantee in the Piedmont Region of the Balance of State Continuum of Care.

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Rental Assistance			
	Short Term Supportive Housing			
	Community Residence	n/a	n/a	n/a

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

Community Link is not a HOPWA grantee for the 2018-2019 fiscal year.

Please list any other additional funding sources that your agency is receiving from any other state agencies. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

#### 2018-2019 Funding

Agency	Program/Funding Amount	Contact Person
NC DOT	Travelers Aid/ \$19,500	Myra Freeman
HomeFree USA	Homeownership / \$60,000	Etta Midgett
NC HFA	Foreclosure Prevention/ \$25,000	Mary Holder
Reinvest Partners	Volunteer Income Tax	Cara Williams

	Assistance / \$15,000	

**\*Please attach 1 hardcopy of the plan to be reviewed\***

**Certification**

I Floyd R. Davis, Jr. (Executive Director) certify that information reported in this form is accurate and true for Community Link (agency name) on 07/24/2018 (mm/dd/yyyy)

  
**Executive Director**

7/24/2018  
**Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- PRC PSH 0045 2018

Location of the Project: Union County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: Union County

Certifying Official of the Jurisdiction Name: Michael James

Title: Assistant to the County Manager

Signature: Michael James

Date: 7/11/2018

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- PRC PSH 0236 2018

Location of the Project: Union County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: Union County

Certifying Official of the Jurisdiction Name: Michael James

Title: Assistant to the County Manager

Signature: 

Date: 7/11/2018

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- PRC PSH 0235 2018


Location of the Project: Union County  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: Union County

Certifying Official of the Jurisdiction Name: Michael James

Title: Assistant to the County Manager

Signature: 

Date: 7/11/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- PRC RRH 0125-2018

Location of the Project: Union County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: Union County

Certifying Official of the Jurisdiction Name: Michael Jones

Title: Assistant to the County Manager

Signature: [Handwritten Signature]

Date: 7/6/2018

**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- PRC PSH 0235 2018

Location of the Project: Cabarrus County, Rowan County  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: Concord/ Kannapolis/ Salisbury

Certifying Official of the Jurisdiction Name: Lloyd Wm. Payne, Jr.

Title: City Manager

Signature: [Handwritten Signature]

Date: 7/9/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- PRC RRH 0125-2018

Location of the Project: Cabarrus County, Rowan County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: Concord/ Kannapolis/ Salisbury

Certifying Official of the Jurisdiction Name: Lloyd Wm. Payne, Jr.

Title: City Manager

Signature: [Handwritten Signature]

Date: 7/9/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- PRC PSH 0236-2018

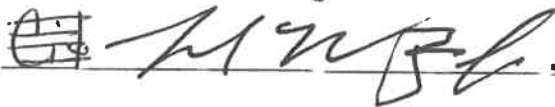
Location of the Project: Cabarrus County, Rowan County

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of  
Certifying Jurisdiction: Concord/ Kannapolis/ Salisbury

Certifying Official  
of the Jurisdiction  
Name: Lloyd Wm. Payne, Jr.

Title: City Manager

Signature: 

Date: 7/9/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link- PRC PSH 0045 2018

Location of the Project: Cabarrus County, Rowan County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: Concord/ Kannapolis/ Salisbury

Certifying Official of the Jurisdiction Name: Lloyd Wm. Payne, Jr.

Title: City Manager

Signature: [Handwritten Signature]

Date: 7/9/18



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link-AC-PSH 0031 2018

Location of the Project: Alamance

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: Burlington

Certifying Official of the Jurisdiction Name: Ian Baltutis

Title: Mayor

Signature: 

Date: 7/13/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Community Link

Project Name: Community Link-AC-PSH 0031 2018

Location of the Project: Alamance

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: Burlington

Certifying Official of the Jurisdiction Name: Ian Baltutis

Title: Mayor

Signature: 

Date: 7/13/18

# Determination of Certification Non-PHA

**General Information**

Organization Name: Eastpointe

Mailing Address: 500 Nash Medical Arts Mall, Rocky Mt., NC 27804

Executive Director/CEO Name and Phone #: Sarah N. Stroud, 910-298-7144

Email Address of Executive Director: sstroud@eastpointe.net

Fiscal Year Beginning (MM/YYYY): 7/1/2018

Type of Plan for Review: Other Special Project (Enter Name): HUD Continuum of Care Homeless Assistance Program

n/a Annual Plan Only    n/a Five Year and Annual Plan    n/a 5 Year Plan Only  
n/a ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
N/A	CDBG			
N/A	Emergency Shelter Grant			
N/A	HOME Funds			
N/A	IDA Funds			
N/A	HOPWA			
N/A	Tax Credit Financing			
N/A	Down Payment Assistance			

Is your agency a non-profit agency \_\_\_\_\_ YES   X   NO

a) Year Started : \_\_\_\_\_  
b) Board Chair \_\_\_\_\_

If not please describe type of agency: Local Government Agency

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
Eastpointe works together with individuals, families, providers, and communities to achieve valued outcomes in our behavioral healthcare system. Eastpointe receives local funds from counties in our catchment area, state funds, federal non-Medicaid funds, and Medicaid funds.
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### **Affordable Housing**

- 1) **What is your agency currently doing to promote affordable housing?**

Eastpointe operates a Shelter Plus Care Housing Program. Shelter Plus Care is a Permanent Supportive Housing program funded by the U.S. Department of Housing and Urban Development (HUD). The program is designed to provide rental subsidies and supportive services to chronic homeless and homeless individuals with disabilities, primarily those with chronic mental illness, substance abuse, and HIV/AIDS.

In keeping with Shelter Plus Care's intent to reduce homelessness, program participants are encouraged to work towards greater stability and self-sufficiency by developing short and long-term goals with their service provider. Service providers assist individuals with various housing related needs including housing search as well as communication with their landlord. Participants are supported in pursuing treatment in Community Support Team (CST), Substance Abuse Intensive Outpatient Program (SAIOP), Supportive Employment, Medication Management, Outpatient Therapy, and Educational Opportunities, if they choose.

- 2) **What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

The agency is applying for HUD's Continuum of Care (CoC) Program which is designed to promote a community-wide commitment to the goal of ending homelessness while also assisting mentally disabled individuals with securing decent and sanitary housing.

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### **FAIR HOUSING**

- 1) **How does your agency promote fair housing and ensure fair housing law is implemented?**

In efforts to promote fair housing and ensure fair housing laws are implemented, the agency provides equal opportunity to all individuals seeking housing and offers standardize resources.

Additionally, the agency offers basic and advanced Fair Housing training to its staff, all Eastpointe credentialed providers, housing providers, landlords, and the general public.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

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**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

N/A

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**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well. N/A

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
N/A	Infrastructure			
N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	Catalyst			
N/A	NSP 1 Funding			









Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
NC Division of Medical Assistance	\$263,961,059.00	Catherine Dalton, CBO
NC Division of Mental Health, Developmental Disabilities, & Substance Abuse Services	\$ 31,915,034.00	Catherine Dalton, CBO
Note: Amounts provided are based on Eastpointe's FY18 amended budget as of 7/20/18		

**Certification**

I **Sarah N. Stroud** (Executive Director) certify that information reported in this form is accurate and true for **Eastpointe** on July 25, 2018.

*Sarah N. Stroud*

**Executive Director**

*7/25/18*

**Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Eastpointe

Project Name: Eastpointe Shelter Plus Care Renewal -2018

Location of the Project: 500 Nash Medical Arts Mall  
Rocky, Mt, 27804

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: City of Goldsboro

Certifying Official of the Jurisdiction Name: Chuck Allen

Title: Mayor of Goldsboro

Signature: 

Date: 7/16/2018

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Eastpointe

Project Name: Eastpointe Shelter Plus Care Renewal -2018

Location of the Project: 500 Nash Medical Arts Mall


Rocky, Mt, 27804

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care Program

Name of  
Certifying Jurisdiction: City of Goldsboro

Certifying Official  
of the Jurisdiction  
Name: Chuck Allen

Title: Mayor of Goldsboro

Signature: 

Date: 7/16/2018

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Eastpointe

Project Name: Eastpointe Shelter Plus Care Renewal 2018

Location of the Project: 500 Nash Medical Arts Mall  
Rocky Mt., NC 27804

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care Program

Name of  
Certifying Jurisdiction: Rocky Mount/Edgecombe County

Certifying Official  
of the Jurisdiction  
Name: Corelia McGee

Title: Community Development Manager

Signature: Corelia McGee

Date: 7/20/18

# Determination of Certification Public Housing Authorities

## General Information

PHA Name: Housing Authority of the City of Greenville PHA Code: NC022

Executive Director Name and Phone # Wayman A. Williams, 252-329-4004

Email Address of Executive Director: williamswa@ghanc.net

PHA Fiscal Year Beginning (MM/YYYY): 10/2018

PHA Type:  Small  High Performing  Standard  HCV Section 8

Inventory: # of PH Units 714 Number of HVC Units 746

Type of Plan for Review: HUD Continuum of Care Homeless Assistance Program

n/a Annual Plan Only  n/a Five Year and Annual Plan  n/a 5 Year Plan Only

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
XX	HOPWA	NC DHHS	\$135,433.00	2018
	Tax Credit Financing			
	Down Payment Assistance			

1) Does your agency have an affiliate non-profit organization:  Yes  No (If yes answer a-c)

a) Name of Affiliate Non-Profit Greenville Housing Development Corporation

b) Year Started : 1981

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
The goal of the GHDC is to assist homeowners, homebuyers and renters to acquire and retain a home of their own. The GHDC provides counseling, information, assistance and education to buyers, owners and renters in the Pitt and surrounding areas.

**SEMAP**

- 1) **What is your agency current SEMAP score?** 100  
*(Please attach documentation of that SEMAP score)*
- 2) **What is your current wait list for HCV vouchers?** 1415
- 3) **How is priority determined of those that receive HCV vouchers?**

**Working Preference:**

If the Head or Spouse is employed, attending school, or participating in a job training program, at least 20 hours per week, OR is in a combination of these at least 20 hours per week; OR is 62 or older; OR meets HUD's definition of being disabled; OR is the only adult in the household working less than 20 hours per week and who is the primary caretaker of a disabled dependent.

**Residency Preference:**

The Head or Spouse lives or works in Greenville North Carolina.

**CAPITAL FUNDS**

- 1) **Total amount of Capital Funds received annually?** \$1,076,732.00
- 2) **What amount of capital funds is used to address substandard housing?** 80% of CF is used for capital improvements
- 3) **What type of activities are taking place from the capital fund program to address substandard public housing?**  
The HACG do not have any substandard public housing units.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4) What is the amount of funding from capital funds used to promote non-housing needs for low to moderate income persons, please explain? (Use current fiscal year numbers)**

\$29880.00 Management Improvements

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**5) What amount of capital funds are used to specifically address homeless? Please provide amount and specifically address activities. If none, write N/A.**

N/A

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**6) What amount of capital funds are used to specifically address persons who qualify for HOPWA funds? Please provide amount and specifically address activities. If none, write N/A.**

N/A

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**7) What amount of capital funds are used to specifically address elderly persons? Please provide amount and specifically address activities. If none, write N/A.**

N/A

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**FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Federal laws require the HACG to treat all applicants and participants equally, providing the same opportunity to access services, regardless of family characteristics and background. Federal law prohibits discrimination in housing on the basis of race, color religion, sex, national origin, age, familial status and disability. In addition, HUD regulations provide for additional protection regarding sexual orientation, gender identity, and marital status. The HACG will comply fully with all federal, state, and local nondiscrimination laws, and with rules and regulations governing fair housing and equal opportunity in housing and employment.

**2) In the past fiscal year, how many fair housing complaints have been issued to the PHA? Describe the type of fair housing complaint received.**

None

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**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None

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### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Urgent Repair	N/A		
	Single Family Rehab	N/A		
	Housing 400 Initiative	N/A		
	Tax Credits	N/A		
	Down Payment Assistance	N/A		
	IDA Loan Pool	N/A		
xx	New Homes Loan Pool	\$24,500.00	2018	Non-Profit
	Duke Home Energy Loan Pool	N/A		
	Homeless Prevention and Rapid Re-Housing	N/A		

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

To provide affordable housing options to those with special needs  
To reduce the waiting lists for affordable housing by half in 10 years  
To provide homeless prevention services to households who are at risk of becoming homeless

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Homeless Prevention/Rapid Re-Housing	N/A		
	Operations	N/A		
	Supportive Services	N/A		
	WAP	N/A		
	CSBG	N/A		

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

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**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
xxx	Rental Assistance	\$119,757.00	2018	PHA
xxx	Short Term Supportive Housing	\$72,864.00	2018	PHA
	Community Residence	N/A		

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

To expand availability of and access to decent, affordable rental housing

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>


**Required attachments**

Please attach the following

1. 1 hardcopy of the plan to be reviewed (n/a – this is not required)
2. SEMAP documentation

**Certification**

I Wayman A. Williams (Executive Director) certify that information reported in this form is accurate and true for Housing Authority of the City of Greenville (agency name) on July 25, 2018.

Wayman A. Williams      July 25, 2018  
**Executive Director**                      **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
Attn: Angela Williams, Compliance Specialist  
301 North Wilmington Street  
4346 Mail Service Center  
Raleigh, NC 27699-4346  
(919) 814-4679



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Greensboro Field Office
Office of Public Housing
1500 Pinecroft Road, Suite 401, Asheville Building
Greensboro, North Carolina 27407-3838
336-547-4000
www.hud.gov • espanol.hud.gov

JAN 10 2018

RECEIVED

JAN 15 2018

BY:

New 01-18-18

Mr. Wayman A. Williams
Executive Director
Housing Authority of the City of Greenville
PO Box 1426
Greenville, NC 27835

Dear Mr. Williams:

Thank you for completing your Section 8 Management Assessment Program (SEMAP) certification for the Housing Authority of the City of Greenville (PHA). We appreciate your time and attention to the SEMAP assessment process. SEMAP enables HUD to better manage the Housing Choice Voucher Program (HCV) by identifying PHA capabilities and deficiencies related to the administration of the HCV Program. As a result, HUD will be able to provide more effective program assistance to PHAs.

The final SEMAP score for the Housing Authority of the City of Greenville for the fiscal year ended 9/30/2017 is 100. The following are the scores for each indicator:

Table with 4 columns: Indicator, Description, Applicable Regulations, and Score. It lists 15 indicators such as 'Selection from the Waiting List' (Score 15) and 'Deconcentration Bonus' (Score 0).

Your overall performance rating is designated as **High Performer**. Thank you for your cooperation with the SEMAP process. If you have any questions please contact Freda Talley at (336) 851-8108 or by email to [Freda.J.Talley@hud.gov](mailto:Freda.J.Talley@hud.gov).

Sincerely,

A handwritten signature in black ink that reads "Raquel K. Hardin". The signature is written in a cursive style with a large, stylized "R" and "H".

Raquel K. Hardin  
Division Director, Office of Public Housing  
Office of Field Operations  
U. S. Department of Housing and Urban Development

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Housing Authority of the City of Greenville

Project Name: Project Hope Permanent Supportive Housing


Location of the Project: 1103 Broad Street  
Greenville, NC 27834

Name of the Federal Program to which the applicant is applying: HUD Defined COC - NC Balance of State COC

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 07/23/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Housing Authority of the City of Greenville

Project Name: Seeds of Change Permanent Supportive Housing

Location of the Project: 1103 Broad Street  
Greenville, NC 27834

Name of the Federal Program to which the applicant is applying: HUD Defined COC - NC Balance of State COC

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 07/23/18



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Housing Authority of the City of Greenville

Project Name: Project Stable Solutions Permanent Supportive Housing

Location of the Project: 1103 Broad Street  
Greenville, NC 27834

Name of the Federal Program to which the applicant is applying: HUD Defined COC - NC Balance of State COC

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 07/23/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Housing Authority of the City of Greenville

Project Name: Solid Ground Permanent Supportive Housing


Location of the Project: 1103 Broad Street  
Greenville, NC 27834

Name of the Federal Program to which the applicant is applying: HUD Defined COC - NC Balance of State COC

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 07/23/18

# Determination of Certification Public Housing Authorities

**General Information**

PHA Name: **The New Reidsville Housing Authority**\_\_ PHA Code: NC098

Executive Director Name and Phone #  Mitchell Fahrer, 336-791-0079

Email Address of Executive Director: mfahrer@newrha.org

PHA Fiscal Year Beginning (MM/YYYY):**07/2018**

PHA Type:   Small  x High Performing   Standard   HCV Section 8

Inventory: # of PH Units  98 Number of HVC Units  220

Type of Plan for Review: **HUD Continuum of Care Homeless Assistance Program**

N/A  x Annual Plan Only   Five Year and Annual Plan   N/A   5 Year Plan Only

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

1) **Does your agency have an affiliate non-profit organization:**   Yes  x No (If yes answer a-c)

a) Name of Affiliate Non-Profit

b) Year Started:

**c) Briefly Describe the mission of the agency and funding sources used to support agency.**

It is the mission of The New Reidsville Housing Authority to provide decent, affordable housing for low-income, elderly, homeless, and special needs residents of Reidsville and Rockingham County, North Carolina. Sources of funding include, HUD Operating Funds, HUD Capital funding, HUD Housing Choice Voucher funding, HOPWA funding from the Central Carolina Health Network, and CoC Permanent Supportive Housing.

**SEMAP**

1) **What is your agency current SEMAP score?** 96  
*(Please attach documentation of that SEMAP score)*

2) **What is your current wait list for HCV vouchers?** 161

3) **How is priority determined of those that receive HCV vouchers?**

First come, first served based on date of application, in addition to local preferences.

**CAPITAL FUNDS**

1) **Total amount of Capital Funds received annually?** \$254,471.00

2) **What amount of capital funds is used to address substandard housing?** None

3) **What type of activities are taking place from the capital fund program to address substandard public housing?**

About 60% of our capital funding is required to meet day to day operating expenses for the Housing Authority. The balance is spent on maintenance of dwelling and non-dwelling structures and dwelling and non-dwelling equipment for the Parkview Village Community in Reidsville.

4) **What is the amount of funding from capital funds used to promote non-housing needs for low to moderate income persons, please explain? (Use current fiscal year numbers)**

The Housing Authority designates approximately \$3,000 annually of its operating funds for "Tenant Services". This past year \$18,060 was also spent from Capital Funds for special projects..

**5) What amount of capital funds are used to specifically address homeless? Please provide amount and specifically address activities. If none, write N/A.**

N/A

**6) What amount of capital funds are used to specifically address persons who qualify for HOPWA funds? Please provide amount and specifically address activities. If none, write N/A.**

N/A

**7) What amount of capital funds are used to specifically address elderly persons? Please provide amount and specifically address activities. If none, write N/A.**

Any funding directed toward the elderly would come from the same "Tenant Services" budget.

### FAIR HOUSING

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

All staff receive regular training on fair housing issues. RHA inspects each residence of its public housing, Section 8, and CoC residents to ensure appropriate living conditions. RHA mediates disputes between Section 8/CoC tenants and landlords in Rockingham County, as necessary. RHA will offer Fair Housing training workshops to participants at least once each year.

**2) In the past fiscal year, how many fair housing complaints have been issued to the PHA? Describe the type of fair housing complaint received.**

None

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

The last complaint received was in 2006 from a public housing resident. A state investigator from Raleigh interviewed the tenant and Housing Authority staff on site, and ruled that the complaint of discrimination was invalid.

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
N/A	Infrastructure			
N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	Catalyst			
N/A	NSP 1 Funding			
N/A	NSP 3 Funding			
N/A	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Homeless Prevention			
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
X	Rental Assistance	17,961.00	2017-2018	Non-profit
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

The New Reidsville Housing Authority is a sub-recipient of a limited amount of funds for Rental Assistance supporting HOPWA residents in Rockingham County. At present there are 4 clients in the program.

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
N/A		



Required attachments

Please attach the following

1. 1 hardcopy of the plan to be reviewed
2. SEMAP documentation

Certification

I **Mitchell Fahrer** (Executive Director) certify that information reported in this form is accurate and true for the New Reidsville Housing Authority (agency name) on 7/19/2018  
(mm/dd/yyyy)

  
**Executive Director** **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
Attn: Angela Williams, Compliance Specialist  
301 North Wilmington Street  
4346 Mail Service Center  
Raleigh, NC 27699-4346  
(919) 814-4679

# Determination of Certification Non-PHA

**General Information**

Organization Name: Partners Behavioral Health Management

Mailing Address: 901 S. New Hope Road Gastonia, NC 28054

Executive Director/CEO Name and Phone # Rhett Melton 704-884-2501

Email Address of Executive Director : rmelton@partnersbhm.org

Fiscal Year Beginning ( MM/YYYY ) : 7/2018

Type of Plan for Review: Other Special Project ( Enter Name ) HUD Continuum of Care Homeless Assistance Programs.

N/A Annual Plan Only    N/A Five Year and Annual Plan    N/A 5 Year Plan Only  
N/A ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
N/A	CDBG			
N/A	Emergency Shelter Grant			
N/A	HOME Funds			
N/A	IDA Funds			
N/A	HOPWA			
N/A	Tax Credit Financing			
N/A	Down Payment Assistance			

Is your agency a non-profit agency \_\_\_\_\_ YES   X   NO

a) Year Started : merged 2012 – prior 1965

b) Board Chair Pam Poteat

If not please describe type of agency: LME/MCO local government

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
Partners' mission is to manage a behavioral health care system funded by federal, state and local taxpayer dollars. We ensure all individuals who are eligible for our programs have

access to quality providers and effective services. We improve lives and strengthen our communities by focusing on positive outcomes and the proper use of funds entrusted to us.

## **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Partners BHM administers permanent supportive housing programs for individuals who are homeless. Our agency is also involved in with the Continuum of Care activities in the eight counties of our LME/MCO catchment area in order to support, promote, and create affordable housing. Partners has also implemented a comprehensive housing plan to address gaps and increase affordable housing options for people with mental health, substance use disorder and intellectual developmental disabilities. Partners collaborates with NCHFA as well as PHAs and RHAs in our eight counties to increase affordable housing options.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Partners is applying for a renewal grant (Partners Consolidated Renewal 2018) through the Balance of State Continuum of Care. The renewal grant will cover five of the eight counties within the catchment area.

## **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Our Housing Coordinators promote and educate consumers, landlords, and members of the community on landlord tenant laws for people with disabilities and reasonable accommodations and modifications for individuals with disabilities. Our agency also operated its permanent supportive housing programs in compliance with fair housing laws as well as adhering to HUD quality standards guidelines. Our staff have assisted with many reasonable accommodations requests for individuals and families. Our agency is working to meet the requirements in the Transition to Community Living Initiative to ensure people with behavioral health issues have an opportunity to equal and fair housing. We have assisted with conducting multiple Fair housing trainings in conjunction with Legal Aid and the North Carolina Housing Finance Agency.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

There have been no fair housing complaints against our agency in the past year.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

Our agency has not been notified by the North Carolina Fair Housing Commission or HUD of any complaints against our agency.

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
N/A	Infrastructure			
N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	Catalyst			
N/A	NSP 1 Funding			
N/A	NSP 3 Funding			
N/A	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

    N/A    

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			

N/A	Homeless Prevention and Rapid Re-Housing			
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**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

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### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Homeless Prevention			
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

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### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
NCDHHS	IPRS for behavioral health treatment and service for contract providers. \$40 million	N.C. Secretary of DHHS Dr. Mandy Cohen

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I W.Rhett Melton (Executive Director) certify that information reported in this form is accurate and true for Partners Behavioral Health Management (agency name) on \_\_\_\_\_ (mm/dd/yyyy)

 7/25/18  
**Executive Director** **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Partners Behavioral Health Management

Project Name: Partners Consolidated Renewal 2018

Location of the Project: Burke, Catawba, Iredell, Surry, and Yadkin Counties  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD CoC Rental Assistance Program

Name of Certifying Jurisdiction: Surry County - HOME Consortium

Certifying Official of the Jurisdiction Name: Chris Knopf

Title: County Manager

Signature: 

Date: 7/11/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Partners Behavioral Health Management

Project Name: Partners Consolidated Renewal 2018

Location of the Project: Burke, Catawba, Iredell, Surry, and Yadkin Counties

\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD CoC Rental Assistance Program

Name of Certifying Jurisdiction: City of Concord and the Cabarrus/ Iredell/Rowan HOME Consortium

Certifying Official of the Jurisdiction Name: Beth Jones

Title: County Manager

Signature: *Beth M. Jones*

Date: July 26, 2018



**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

**Applicant Name:** Partners Behavioral Health Management

**Project Name:** Partners Consolidated Renewal 2018

**Location of the Project:** Burke, Catawba, Iredell, Surry, and Yadkin Counties


\_\_\_\_\_  
\_\_\_\_\_

**Name of the Federal  
Program to which the  
applicant is applying:** HUD CoC Rental Assistance Program

**Name of  
Certifying Jurisdiction:** City of Hickory

**Certifying Official  
of the Jurisdiction  
Name:** Warren Wood

**Title:** City Manager

**Signature:** 

**Date:** July 11, 2018

# Determination of Certification Non-PHA

**General Information**

Organization Name: Rockingham County Help for Homeless

Mailing Address: 108 A North Franklin St. Madison, NC 27025

Executive Director/CEO Name and Phone # Amy Steele, Exec. Director, 336-548-9533

Email Address of Executive Director : amysteele67@gmail.com

Fiscal Year Beginning ( MM/YYYY ) : 09/2019

Type of Plan for Review: Other Special Project ( Enter Name) HUD Continuum of Care Homeless Assistance Program

  n/a   Annual Plan Only     n/a   Five Year and Annual Plan   n/a   5 Year Plan Only  
  n/a   ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency   X   YES        NO

a) Year Started :                   2000

b) Board Chair                     Portia Parris

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**
- d) Rockingham County Help for Homeless, Inc. is a faith-based organization providing supportive services and affordable housing options to individuals and families in Rockingham County who are experiencing homelessness. Our mission is to help our clients become self-sufficient and productive members of our community. Rockingham County Help for Homeless depends on the faith-based community, businesses, civic organizations and individuals for financial support.

### **Affordable Housing**

- 1) **What is your agency currently doing to promote affordable housing?**

RCHH is placing families who have been homeless into affordable housing within Rockingham County. RCHH has developed relationships with area property managers and landlords who are willing to place our clients into their properties even though many of our clients have significant backgrounds. As an agency, we have been able to place more than 20 families and 14 individuals into housing.

- 2) **What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

RCHH is applying for renewal of their Permanent Supportive Housing program and Permanent Housing Rapid Re-Housing program grants. This funds 20 Permanent Supportive housing units with leasing, operating, supportive services and HMIS reporting. It funds 14 Permanent Rapid Re-Housing units with rental assistance, supportive services and HMIS reporting.

### **FAIR HOUSING**

- 1) **How does your agency promote fair housing and ensure fair housing law is implemented?**

RCHH does not discriminate based on race, sex, social class or sexual orientation. Our application and selection process screens applicants for qualifications of our particular grants. We follow HUD guidelines and have developed policies and procedures that protect our clients and also the landlords we use. Our landlords follow the tenancy laws of the land. If a client violates the rules, regulations or procedures of our program, RCHH has clear guidelines and processes for termination which also includes an appeals process.

- 2) **In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

N/A

3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

N/A

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other (please describe)			

Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			

	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Homeless Prevention			
	Operations			
	Supportive Services			
	WAP			
	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
	Short Term Supportive			



# Determination of Certification Non-PHA

**General Information**

Organization Name: Sixth Avenue Psychiatric Rehabilitation Partners, Inc, dba Thrive

Mailing Address: 110-C Chadwick Square Court, Hendersonville, NC 28739

Executive Director/CEO Name and Phone # Kristen Martin 828-697-1581 ext. 207

Email Address of Executive Director : kmartin@thrive4health.org

Fiscal Year Beginning ( MM/YYYY ) : 07/01/2018

Type of Plan for Review: Other Special Project ( Enter Name) \_\_\_\_\_

Annual Plan Only    \_\_\_\_\_ Five Year and Annual Plan    \_\_\_\_\_ 5 Year Plan Only    \_\_\_\_\_ ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
N/A	CDBG			
N/A	Emergency Shelter Grant			
N/A	HOME Funds			
N/A	IDA Funds			
N/A	HOPWA			
N/A	Tax Credit Financing			
N/A	Down Payment Assistance			

Is your agency a non-profit agency \_\_\_\_\_ YES \_\_\_\_\_ NO

a) Year Started : 2006

b) Board Chair Jolie Singletary

If not please describe type of agency: \_\_\_\_\_

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
Thrive's mission is to provide support and opportunities to adults with mental health needs offering community, hope, and recovery. Thrive, through a continuum of care, empowers individuals to realize a full life of health and recovery. Healthy individuals thrive in our

community through their engagement and advocacy. Thrive bills Medicaid and State funds for our Psychiatric Rehabilitative Day Program. HUD and ESG dollars are utilized for our housing program. We also receive support from the United Way, local businesses, small foundations, and local individuals.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Our agency attends local meetings regarding affordable housing monthly. We also participate with other groups locally that are advocating our local government officials to change zoning policies that would allow further development of affordable housing. Staff volunteers, and board members also speak to our State Representatives about the need for affordable housing in our area.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

U.S. Department of Housing and Urban Development FY 2018 Continuum of Care Homeless Assistance Grants.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Fair housing means equal opportunity for all. The homeless individuals that we serve have a difficult time advocating for themselves. They are often taken advantage of. Thrive works side-by-side each household to ensure fair rent, safe housing, and fair treatment by local landlords. Thrive case managers work with local landlords and other interested parties to advocate for our local homeless population.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None





	Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

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### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Homeless Prevention			
N/A	Operations			
N/A	Supportive Services			
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

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### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other state agencies. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
DHHS- ESG Office	\$79,961	Kim Crawford

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Kristen Martin (Executive Director) certify that information reported in this form is accurate and true for Thrive (agency name) on 07/24/18 (mm/dd/yyyy)

 7/24/18  
Executive Director Date

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
Attn: Angela Williams, Compliance Specialist  
301 North Wilmington Street  
4346 Mail Service Center  
Raleigh, NC 27699-4346  
(919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Sixth Avenue Psychiatric Rehabilitation Partners, Inc., dba Thrive

Project Name: Pathways to Permanent Housing Henderson County 1 and 3

Location of the Project: Henderson County

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: Henderson County

Certifying Official of the Jurisdiction Name: Amy Brantley

Title: Assistant County Manager

Signature: 

Date: 8/25/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Sixth Avenue Psychiatric Rehabilitation Partners, Inc., dba Thrive

Project Name: Pathways to Permanent Housing Henderson County 1 and 3

Location of the Project: Henderson County

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: Henderson County

Certifying Official of the Jurisdiction Name: Amy Brantley

Title: Assistant County Manager

Signature: 

Date: 8/25/18



Choice Vouchers, rental income, Surry United Fund, Yadkin Valley United Fund, and community donations.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

SHAHC promotes affordable housing in Surry County through it's permanent supportive housing program for homeless people with disabilities, funded by the HUD Continuum of Care. SHAHC also provides three units of transitional housing for homeless families, funded by the Piedmont Triad Regional Council housing choice vouchers. SHAHC participates in the Davie-Stokes-Surry Regional Committee of the Balance of State Continuum of Care.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

We are applying to renew our HUD permanent supportive housing grant under the 2017 Continuum of Care.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

SHAHC staff and Board members have attended Fair Housing workshops and are committed to abiding by Fair Housing rules and regulations. We have educated our program participants about Fair Housing standards, landlord and tenant rights, and by have educated landlords about Fair Housing Standards.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None  
\_\_\_\_\_  
\_\_\_\_\_

### **North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts

that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
n/a	Scattered Site			
n/a	Infrastructure			
n/a	Urgent Needs			
n/a	IDA Funds			
n/a	Capacity Building			
n/a	Economic Development			
n/a	Housing Development			
n/a	Catalyst			
n/a	NSP 1 Funding			
n/a	NSP 3 Funding			
n/a	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

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### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
n/a	Urgent Repair			
n/a	Single Family Rehab			
n/a	Housing 400 Initiative			
n/a	Tax Credits			
n/a	Down Payment Assistance			
n/a	IDA Loan Pool			
n/a	New Homes Loan Pool			
n/a	Duke Home Energy Loan Pool			
n/a	Homeless Prevention and Rapid Re-Housing			



**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

  N/A  

---

**Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
n/a	Homeless Prevention/Rapid Re-Housing			
n/a	Operations			
n/a	Supportive Services			
n/a	WAP			
n/a	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

  N/A  

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**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
n/a	Rental Assistance			
n/a	Short Term Supportive Housing			
n/a	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
N/A		

**Certification**

I Michelle Creed, Board President certify that information reported in this form is accurate and true for Surry Homeless and Affordable Housing Coalititon on 07/17/2018

Michelle Creed July 17, 2018  
**SHAHC Board President** **Date**

**Please mail the form back to:**

North Carolina Division of Community Assistance  
Attn: Angela Williams, Division Administrative Assistant  
100 E. Six Forks Road  
4313 Mail Service Center  
Raleigh, NC 27699-4313  
(919) 571-4900

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Surry Homeless and Affordable Housing Coalition

Project Name: SHAHC PH Renewal 2017

Location of the Project: Surry County, NC  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition - Balance of State

Name of Certifying Jurisdiction: Surry County Housing Consortium

Certifying Official of the Jurisdiction Name: Chris Knopf

Title: County Manager

Signature: 

Date: 7/17/18



Trillium Health Resources works in partnership with people who face significant challenges related to substance use, mental illness, and/or intellectual developmental disabilities. Our commitment is to provide consistently excellent, person-centered, family-oriented services within a recovery-based system that is flexible, accessible and respects the individuals freedom or choice.

We receive federal, state and county funds to support our agency.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Trillium Health Resources currently administers 3 HUD funded permanent supportive housing grants and 1 Rapid Re-Housing grant. We participate in and partner with the NC Balance of State Continuum of Care and Regional Committees (subcommittees of N.C. Balance of State) throughout our catchment area. We work to build relationships with local housing authorities and other agencies that administer rent subsidized programs, the NC Housing Finance Agency, as well as property managers and developers.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Our agency is applying for three renewal projects:

1. Trillium PSH #1
2. Trillium PSH #2
3. Trillium PSH #3

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Trillium Health Resources provides its service providers with fair housing training upon entry into our provider network. We work closely with Legal Aid of NC to bring Fair Housing Training throughout our catchment area. Should legal issues arise regarding fair housing that may require their expertise we contact Legal Aid of NC as well.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None have been reported.

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and			

	Rapid Re-Housing			
--	------------------	--	--	--

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Homeless Prevention			
	Operations			
	Supportive Services			
	WAP			
	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

### **HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Rental Assistance			
	Short Term Supportive Housing			
	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
NC DHHS	ESG-RRH/\$39884	Kim Crawford

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I, Leza Wainwright, (Chief Executive Officer) certify that information reported in this form is accurate and true for Trillium Health Resources (agency name) on 07/16/2018 (mm/dd/yyyy)

      7/16/18  
**Executive Director**                      **Date**

**Please mail the form back to:**

North Carolina Division of Community Assistance  
 Attn: Angela Williams, Division Administrative Assistant  
 100 E. Six Forks Road  
 4313 Mail Service Center  
 Raleigh, NC 27699-4313  
 (919) 571-4900



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSII #1

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Rocky Mount

Certifying Official of the Jurisdiction Name: Landis D. Faulcon

Title: Director of Community and Business Development

Signature: *Landis D. Faulcon*

Date: 7/19/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

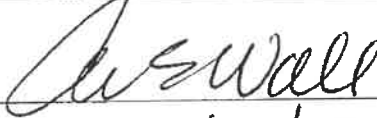
Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 7/18/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of New Bern

Certifying Official of the Jurisdiction Name: Mark A. Stephens

Title: City Manager

Signature: 

Date: July 17, 2018

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

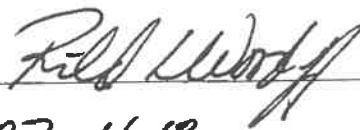
Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction Name: Richard L. Woodruff

Title: City Manager

Signature: 

Date: 07-16-18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #2

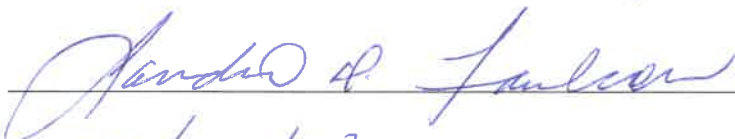
Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care

Name of  
Certifying Jurisdiction: City of Rocky Mount

Certifying Official  
of the Jurisdiction  
Name: Landis D. Faulcon

Title: Director of Community and Business Dev.

Signature: 

Date: 7/20/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of New Bern

Certifying Official of the Jurisdiction Name: Mark A. Stephens

Title: City Manager

Signature: 

Date: July 17, 2018

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #2

Location of the Project: Trillium Health Resources

201 West 1st Street

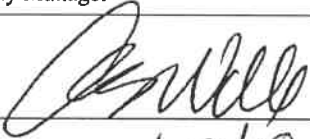
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 7/18/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #2

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction Name: Richard L. Woodruff

Title: City Manager

Signature: 

Date: 07-16-18



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #3

Location of the Project: Trillium Health Resources

201 West 1st Street

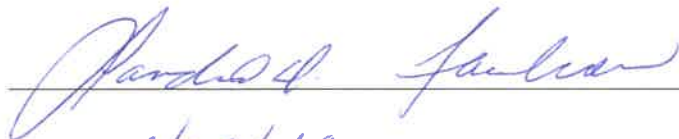
Greenville, NC 27858

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care

Name of  
Certifying Jurisdiction: City of Rocky Mount

Certifying Official  
of the Jurisdiction  
Name: Landis D. Faulcon

Title: Director of Community and Business Dev.

Signature: 

Date: 7/20/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #3

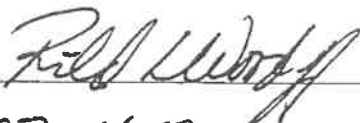
Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction Name: Richard L. Woodruff

Title: City Manager

Signature: 

Date: 07-16-18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #3

Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of New Bern

Certifying Official of the Jurisdiction Name: Mark A. Stephens

Title: City Manager

Signature: 

Date: July 17, 2018

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #3


Location of the Project: Trillium Health Resources  
201 West 1st Street  
Greenville, NC 27858

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 7/18/10

# Determination of Certification Non-PHA

**General Information**

Organization Name: Vaya Health

Mailing Address: 200 Ridgefield Court, Suite 206 Asheville NC, 28806

Executive Director/CEO Name and Phone #: Brian Ingraham, 828-225-2785

Email Address of Executive Director: [brian@vayahealth.com](mailto:brian@vayahealth.com)

Fiscal Year Beginning (MM/YYYY) : 07/2018

Type of Plan for Review: Other Special Project (Enter Name) HUD Continuum of Care Homeless Assistance Program

Annual Plan Only     Five Year and Annual Plan     5 Year Plan Only     ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency  YES  NO

a) Year Started : \_\_\_\_\_

b) Board Chair \_\_\_\_\_

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
 A whole-person health organization helping those with behavioral health and intellectual and developmental disabilities connect with the right providers on their journey toward healing, recovery and hope. Vaya Health administers state and federal funds.

## **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Vaya Health provides information to members and stakeholders on affordable housing options in their community. Vaya Health provides community resources on agency website, [vayahealth.com](http://vayahealth.com). Vaya's Provider Network Operations Department participates in county and state-wide initiatives and subcommittees to increase the affordable housing efforts in Vaya's twenty-three county catchment area.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Permanent Supportive Housing Program – Rental Assistance

## **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Vaya provides education and material on fair housing to program participants, landlords, and service providers. Vaya partners with North Carolina Housing Finance Agency and Legal Aid of North Carolina to provide fair housing training to community members and stakeholders. Vaya promotes the use of reasonable accommodations and reasonable modifications when necessary for those served.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None

### **North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

n/a

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

n/a

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Homeless Prevention			
	Operations			
	Supportive Services			
	WAP			
	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

  n/a  

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Rental Assistance			
	Short Term Supportive Housing			
	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

  n/a



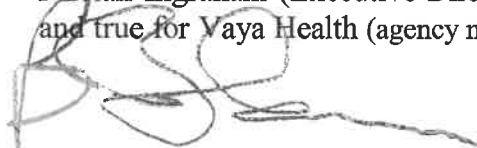
Please list any other additional funding sources that your agency is receiving from any other state agencies. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
DHHS	\$58,913,174.00	Melissa Isaacs, Financial Reporting Director for Vaya Health
		Contacts for DHHS – Sheryl Plummer, Yvonne French and Jay Dixon

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Brian Ingraham (Executive Director) certify that information reported in this form is accurate and true for Vaya Health (agency name) on 7/25/18 (mm/dd/yyyy)

  
 \_\_\_\_\_  
**Executive Director**

7/25/2018  
 \_\_\_\_\_  
**Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Vaya Health

Project Name: PSH Central Chronic and PSH Central Combo

Location of the Project: McDowell, Caldwell (including Lenoir), and Alexander Counties

Name of the Federal  
Program to which the  
applicant is applying: Housing and Urban Development

Name of  
Certifying Jurisdiction: City of Lenoir

Certifying Official  
of the Jurisdiction  
Name: Rick Oxford

Title: Community Development Administrator

Signature: Rick Oxford

Date: 7/23/18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Vaya Health

Project Name: PSH Central Chronic and PSH Central Combo

Location of the Project: McDowell, Caldwell (including Lenoir), and Alexander Counties

Name of the Federal  
Program to which the  
applicant is applying: Housing and Urban Development

Name of  
Certifying Jurisdiction: City of Lenoir

Certifying Official  
of the Jurisdiction  
Name: Rick Oxford

Title: Community Development Administrator

Signature: Rick Oxford

Date: 7/23/18

# Determination of Certification Non-PHA

**General Information**

Organization Name: NC Coalition Against Domestic Violence

Mailing Address: 3710 University Drive, Suite 140, Durham, NC 27707

Executive Director/CEO Name and Phone # Dana Mangum, 919-956-9124 x202

Email Address of Executive Director : dmangum@nccadv.org

Fiscal Year Beginning ( MM/YYYY) :01/2019

Type of Plan for Review: Rapid Rehousing / DV Bonus Project

Annual Plan Only     Five Year and Annual Plan     5 Year Plan Only     ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency  YES  NO

a) Year Started : 1981

b) Board Chair Sherry Everett, Interim Chair

If not please describe type of agency: \_\_\_\_\_

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

d) NCCADV leads the state's movement to end domestic violence and to enhance work with survivors through collaborations, innovative trainings, prevention, technical assistance, state policy development and legal advocacy. NCCADV is supported by a variety of sources

including federal, state and private funding (e.g. the Department of Health and Human Services Office on Women’s Health funds NCCADV’s program to implement DV screening and response in health systems; the NC Governor’s Crime Commission funds NCCADV’s Child Advocacy and Services Enhancement project; the Allstate Foundation funds NCCADV’s Economic Justice program).

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

NCCADV has partnered with experts and organizations throughout the state to improve access to affordable housing for survivors of domestic violence. NCCADV’s State Steering Committee identified survivor housing needs, challenges and promising innovations to guide our work. This work includes collaborating with UNC Master of Public Health students to develop best practices for housing DV survivors and assessments for DV service providers (DVSPs) to engage in rapid rehousing. NCCADV has also worked with Winston-Salem/Forsyth County Continuum of Care to prioritize survivors in Coordinated Assessment. This work strives toward promoting affordable housing for survivors, who are particularly at risk of experiencing homelessness and housing insecurity.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

N/A

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

NCCADV has worked to promote fair housing largely through DV shelter policies and practices. NCCADV’s has trained DVSPs in the following:

- Sheltering transgender survivors
- Sheltering LGBTQ survivors
- Housing rights (Legal Advocates’ Institute)
- Sheltering survivors with mental illness and substance use disorders
- Rules reduction in shelters

While survivors are not an explicitly protected class under the Fair Housing Act, HUD 2016 guidance provides insight into how it relates to survivors and NCCADV has worked with partners to promote equitable, safe housing for survivors. NCCADV has provided technical assistance to the Charlotte Housing Authority regarding survivor-centered response to DV incidents. NCCADV also addressed issues of survivor evictions with the Charlotte Housing Authority.

2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

None / N/A.

3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

N/A.

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site	N/A	N/A	N/A
	Infrastructure	N/A	N/A	N/A
	Urgent Needs	N/A	N/A	N/A
	IDA Funds	N/A	N/A	N/A
	Capacity Building	N/A	N/A	N/A
	Economic Development	N/A	N/A	N/A
	Housing Development	N/A	N/A	N/A
	Catalyst	N/A	N/A	N/A
	NSP 1 Funding	N/A	N/A	N/A
	NSP 3 Funding	N/A	N/A	N/A
	Other ( <i>please describe</i> )	N/A	N/A	N/A

Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Urgent Repair	N/A	N/A	N/A
	Single Family Rehab	N/A	N/A	N/A
	Housing 400 Initiative	N/A	N/A	N/A
	Tax Credits	N/A	N/A	N/A
	Down Payment Assistance	N/A	N/A	N/A
	IDA Loan Pool	N/A	N/A	N/A
	New Homes Loan Pool	N/A	N/A	N/A
	Duke Home Energy Loan Pool	N/A	N/A	N/A
	Homeless Prevention and Rapid Re-Housing	N/A	N/A	N/A

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Homeless Prevention	N/A	N/A	N/A
	Operations	N/A	N/A	N/A
	Supportive Services	N/A	N/A	N/A
	WAP	N/A	N/A	N/A
	CSBG	N/A	N/A	N/A

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

## HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Rental Assistance	N/A	N/A	N/A
	Short Term Supportive Housing	N/A	N/A	N/A
	Community Residence	N/A	N/A	N/A

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>
Dept of Administration – Council for Woman and Youth Involvement	Domestic Violence / \$86,736	Diane Blumel
Dept of Administration – Council for Woman and Youth Involvement	Child Advocacy Services Enhancement / \$100,000	Jackie Jordan
Department of Public Safety - Governor's Crime Commission	Direct Legal Services / \$312,557	Carolyn Locklear
Department of Public Safety - Governor's Crime Commission	Training & Technical Assistance / \$265,839	Carolyn Locklear
Department of Public Safety - Governor's Crime Commission	Statewide Database / \$236,159	Carolyn Locklear
Department of Public Safety - Governor's Crime Commission	eNOugh Outreach Campaign / \$112,347	Carolyn Locklear




Department of Public Safety - Governor's Commission Crime	Latinx Direct Services / \$129,399	Carolyn Locklear
Department of Public Safety - Governor's Commission Crime	Discretionary Training / \$62,256	Carolyn Locklear

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I Dana Mangum (Executive Director) certify that information reported in this form is accurate and true for North Carolina Coalition Against Domestic Violence on 7/26/2018.

 7/26/2018  
**Executive Director**                      **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679



If not please describe type of agency: Unit of local government

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
To enhance the health, safety, and well-being of our community by advocating for and providing quality services in a friendly, efficient, and cost-effective manner. The County uses locally collected taxes and fees to provide services, in addition to grants from a variety of sources as noted above.

### **Affordable Housing**

- 1) **What is your agency currently doing to promote affordable housing?**

Pitt County actively administers a program to house those in our community who are homeless. Pitt County also administers housing rehab programs that provide financial support for low income and disabled homeowners to make necessary repairs so they can remain in their homes. Pitt County is also participating in hurricane disaster relief programs that will allow low income households to repair/replace damaged homes. All of these initiatives are publicly advertised via newspaper and cable access TV/Pitt County public information channel; posted on the Pitt County website; and presented in public meetings. For programs specific to older adults, Pitt County advertises at senior centers throughout the county. For programs specific to the homeless population, the county circulates information through a network of providers working with this population. All of these programs address ways of assisting those with limited incomes to access and remain in housing that is affordable.

- 2) **What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Pitt County is applying for homeless assistance funds through the US Department of Housing and Urban Development to better align with housing first model initiatives, so that additional homeless households can be permanently housed. Homeless initiatives that reduce the number of homeless people in North Carolina are a priority in the State consolidated plan. Because this request will be paired with Emergency Solutions Grant (ESG) funds Pitt County already receives from the NCDHHS, Division of Aging and Adult Services, it is important that the request is consistent with priorities in the NC Consolidated Plan.

### **FAIR HOUSING**

- 1) **How does your agency promote fair housing and ensure fair housing law is implemented?**

Pitt County has a Fair Housing Plan. As part of this plan, the County posts Fair Housing Posters and documents provided by the NC Human Relations Commission in strategic places in County facilities, and makes these documents available for display and dissemination in public locations, such as libraries, banks, post offices. Additionally, the County incorporates Fair Housing information into housing program public meetings, as well as includes Fair Housing information on cable access TV/County public information channel, and in housing program public notices.

The County also does targeted mailing to contractors, service recipients, and landlords, coupled with workshops, for these groups, for the purpose of providing information about Fair Housing. The County also assists clients that are not familiar with how to make a Fair Housing complaint. There are provisions in place to assist households that speak languages other than English. Housing Coordinators also make sure that landlords and tenants understand their respective rights and responsibilities when working with funds from Pitt County programs.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

There have been no complaints.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

There have been no complaints.

**North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
✓	Infrastructure	\$3,000,000	2013	Local gov't.
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
✓	Other ( <i>please describe</i> ) Disaster Recovery w/ NCDEM	\$1,000,000	2017	Local gov't.

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

CDBG funds received by Pitt County are for wastewater infrastructure improvements for housing developments with household incomes at or below 80% of AMI. In partnership with NCDEM, DCA distributed disaster recovery funds for hurricane survivor home repairs.

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
✓	Urgent Repair	\$75,000	2017	Local gov't.
✓	Single Family Rehab	\$175,000	2017	Local gov't.
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			
✓	Other – Disaster Recovery	\$150,000	2017	Local gov't.

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

Pitt County uses Urgent Repair and Single Family Rehab funds to perform repair and rehabilitation to homes occupied by households with low incomes. Incomes must be at or below 50% of AMI for Urgent Repair and at or below 80% of AMI for Single Family Rehab. Funds are used for a range of activities that may include AC, flooring, roofing, windows, insulation, plumbing, septic and, electrical improvements, as well as home repair assistance for hurricane survivor homeowners who experienced damage during Hurricane Matthew, as well as Tropical Storms Julia and Hermine.

**✓ Emergency Solutions Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Homeless Prevention			
	Operations			
	Supportive Services			
	WAP			
	CSBG			
✓	Rapid Rehousing	\$43,888	2017-2018	Local gov't.

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

Rapid Re-housing funds are used for the placement of homeless households into permanent housing. Funds are specifically used for rental assistance that may include housing search, inspection, placement and follow-up. Funds are used to place households as quickly as possible, with amounts of assistance tailored to the specific needs of the household.

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Rental Assistance			
	Short Term Supportive Housing			
	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.**

N/A

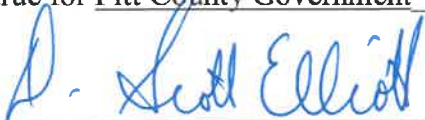
Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I D. Scott Elliott (County Manager) certify that information reported in this form is accurate and true for Pitt County Government (agency name) on 07/25/2018 (mm/dd/yyyy)

 7-25-18  
**County Manager** **Date**

**Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Compliance Specialist  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Pitt County Planning Department

Project Name: PittRRH2018

Location of the Project: All of the geographic area of Pitt County, North Carolina

Name of the Federal Program to which the applicant is applying: HUD CoC Homeless Assistance Program-NC Balance of State

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction Name: Ann E. Wall

Title: City Manager

Signature: 

Date: 7/16/18



## Determination of Certification Non-PHA

### General Information

Organization Name: Union County Community Shelter

Mailing Address: 311 E Jefferson St, Monroe NC 28112

CEO Name and Phone #: Kathy Bragg 704-261-3499

Email Address of Executive Director : Kathy.bragg@unionshelter.org

Fiscal Year Beginning ( MM/YYYY ) : 07/2018 \_\_\_\_\_

Type of Plan for Review: Other Special Project \_\_\_\_\_

Annual Plan Only   
  Five Year and Annual Plan   
  5 Year Plan Only  
 ROSS GRANT

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
N/A	CDBG			
✓	Emergency Shelter Grant	DHHS	\$191,431	2018
N/A	HOME Funds			
N/A	IDA Funds			
N/A	HOPWA			
N/A	Tax Credit Financing			
N/A	Down Payment Assistance			

Is your agency a non-profit agency: YES

- a) Year Started : 1993  
 b) Board Chair John Schooley

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
 The Union County Community Shelter provides food, emergency shelter and instruction to those individuals and families in need within our community. We promote a pathway to self-sufficiency which includes income stabilization and permanent housing. We are funded by

private donations, private grants, government grants, united way, and special event proceeds.

### Affordable Housing

**1) What is your agency currently doing to promote affordable housing?**

We provide a rapid rehousing program, which includes supportive services. Part of our staff team is a housing manager who works specifically with landlords to identify affordable housing opportunities that are shared with our community. Additionally, as part of our general agency advocacy efforts, we communicate the need for affordable housing to our community stakeholders via a variety of opportunities including speaking engagements, etc. We hold a Housing Summit in our community, with the next to be held in October 2018.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

We are applying for COC Permanent Housing Funds, specifically Rapid Rehousing.

### FAIR HOUSING

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

We follow best practice guidelines as required by other funders, including ESG, on posting fair housing information in our shelter, discussing fair housing rules with participants and landlords, and have staff participate in fair housing trainings.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None known.

#### **North Carolina Department of Commerce Division of Community Assistance (DCA)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from DCA but from the local government that received funding from DCA. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
N/A	Scattered Site			
N/A	Infrastructure			

N/A	Urgent Needs			
N/A	IDA Funds			
N/A	Capacity Building			
N/A	Economic Development			
N/A	Housing Development			
N/A	Catalyst			
N/A	NSP 1 Funding			
N/A	NSP 3 Funding			
N/A	Other ( <i>please describe</i> )			

**Briefly describe how funding from DCA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Urgent Repair			
N/A	Single Family Rehab			
N/A	Housing 400 Initiative			
N/A	Tax Credits			
N/A	Down Payment Assistance			
N/A	IDA Loan Pool			
N/A	New Homes Loan Pool			
N/A	Duke Home Energy Loan Pool			
N/A	Homeless Prevention and Rapid Re-Housing			

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

We have been awarded a final commitment letter from NCHFA to provide a \$700,000 loan with no interest / no premium for 30 years. These funds will be used for construction of a new facility. The project is in progress, and at the close of the project construction, we will close on the NCHFA loan. We anticipate the new facility to be open in early 2019. The new facility will better allow our agency to meet the demand of emergency shelter for all population demographics in our community and provide ample space to administer rapid rehousing and supportive services programming. We have NOT received any of these funds to date.

### Emergency Solutions Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
✓	Homeless Prevention	\$3,000	2018	To UCCS from DHHS
✓	Operations	\$118,631		To UCCS from DHHS
check	Supportive Services	\$69,800		To UCCS from DHHS
N/A	WAP			
N/A	CSBG			

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.**

ESG funding supports the vision to make homelessness rare, brief and non-recurring. We do this by meeting the demand for emergency shelter services for all demographics in our catchment area. Additionally, we provide supportive services while in shelter to assist with basic needs. We rapidly rehouse homeless participants with the goal for participants to be able to move from emergency shelter to permanent housing quickly. We provide supportive services post permanent housing placement to strengthen housing retention.

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
N/A	Rental Assistance			
N/A	Short Term Supportive Housing			
N/A	Community Residence			

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan. N/A**

Please list any other additional funding sources that your agency is receiving from any other state agencies. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>

**\*Please attach 1 hardcopy of the plan to be reviewed\***

Union County Local Plan attached.

**Certification**

I Kathy Bragg, CEO, certify that information reported in this form is accurate and true for the Union County Community Shelter on July 18, 2018

  
**Chief Executive Officer**

July 18, 2018  
**Date**

**Please mail the form back to:**

North Carolina Division of Community Assistance  
Attn: Angela Williams, Division Administrative Assistant  
100 E. Six Forks Road  
4313 Mail Service Center  
Raleigh, NC 27699-4313  
(919) 571-4900

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Union County Community Shelter

Project Name: Rapid Rehousing


Location of the Project: 311 E Jefferson St  
Monroe NC 28112

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Services

Name of Certifying Jurisdiction: Union County

Certifying Official of the Jurisdiction Name: Michael James

Title: Assistant to the County Manager

Signature: 

Date: 7/11/18