

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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions [click here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): (dropdown values will be changed) NC-505 - Charlotte/Mecklenburg County CoC

Collaborative Applicant Name: City of Charlotte

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Charlotte-Mecklenburg CoC

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

**If 'Yes', what is the invitation process?
(limit 750 characters)**

CoC meetings are announced with an invitation to participate through the Homeless Services Network's email distribution list. Any agency may indicate their desire to become a part of the CoC and their current or future capacity to provide services. A vote to accept or reject the application is held at the upcoming, scheduled CoC meeting. Voting is by simple majority with one vote per agency.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

The Charlotte Mecklenburg CoC established a Systems Change and Coordinated Assessment subcommittee in July 2012, in part to explore the creation and implementation of a coordinated assessment system. The group meets twice a month and is comprised of CoC leadership and representatives of member agencies, non-CoC service providers and other community members. Although participation is voluntary, attendance reflects great interest in the establishment of a coordinated assessment. A CoC project application seeks planning funds. Outcomes in the next year will include (1) engaging participating agencies in a planning process to develop a coordinated intake system with community buy-in; (2) establishing standards for data collection, storage, and exchange agreed upon by agencies; and (3) creating and training agencies on a measuring tool to evaluate the homeless system. A coordinated intake system will be implemented in spring 2014.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

Written agendas for meetings: Agenda items from members are requested in advance of the meeting to allow full participation by the membership. The CoC co-chairs are responsible for gathering member agenda items, new business items and carry-over items from previous meetings. Agendas are distributed electronically on or before the meeting date and hard copies are available for the meeting. The agenda is approved or amended before the meeting begins.

ESG monitoring: Beginning with FY 2012-2013, ESG monitoring is being incorporated into our CoC's formal structure. The same independent review panel structure used for this CoC application is being applied to review and selection of ESG recipients.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	No

1C. Continuum of Care (CoC) Committees

Instructions:

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

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Advocacy Committee	The Advocacy Committee educates and mobilizes the community, including the public, decision-makers and other stakeholders, about the needs of homeless people in Charlotte-Mecklenburg, as well as trends and policies concerning homeless people, and promotes the work of homeless service providers. In 2013, the Advocacy Committee will (1) support community education of homelessness and affordable housing issues in collaboration with the Charlotte-Mecklenburg Coalition for Housing, (2) advocate for stable funding sources for affordable housing development, and (3) develop a fund to provide a safety net for supportive services for homeless people.	Monthly or more
Charlotte Mecklenburg Coalition for Housing/Ten Year Planning	The Mayor, the City Council and Mecklenburg Co. Commissioners created the Charlotte Mecklenburg Coalition for Housing to oversee implementation of the Ten Year Plan to End and Prevent Homelessness. The CMCH is charged with developing process and strategy for the development and retention of affordable housing with supportive service models, and providing recommendations for funding allocations for the City's Housing Trust Fund. The community-wide board is comprised of individuals with expertise in a variety of sectors impacting housing and homelessness. The coalition has three working committees that meet monthly, with the board meeting bi-monthly. The City, County and Charlotte Housing Authority have ex-officio representation on the board.	Bi-monthly
HMIS – Data Management and Research	The Data Management & Research Committee (DMRC), a committee of Homeless Services Network (HSN), facilitates the seamless delivery of services at multiple sites to persons who are homeless or at risk of becoming homeless. This is supported through the development and implementation of a uniform, accurate, shared database that addresses the needs of clients of the HSN service providers. In addition, HSN DMRC receives community requests for aggregate data to enable optimal service planning and implementation. The committee acts as a liaison between the agencies and the HMIS vendor, who attends all HSN data committee meetings.	Bi-monthly

<p>HSN Steering and Executive Committee</p>	<p>HSN acts as the decision making body for the CoC and includes the CoC leadership. HSN membership includes representatives from local government; private organizations; for-profit and nonprofit agencies; faith-based, community-representative, and consumer organizations; service providers; healthcare; the education system; and law enforcement. The HSN leads planning for disasters for the homeless such as preparation for a possible flu pandemic in local shelters or for severe weather conditions. The HSN leads discussion and collaboration around discharge planning of the homeless from local hospitals and jails. HSN, through its membership, coordinates the semi-annual point-in-time count and a subcommittee completes the CoC application.</p>	<p>Monthly or more</p>
<p>Coordination of Services and Housing</p>	<p>Coordination of Services and Housing (COSH) is a subcommittee of the Homeless Services Network made up of homeless services providers and other community partners. COSH coordinates housing strategies, and enables employment readiness providers and healthcare professionals to broaden access, conduct advocacy and coordinate best practices. The primary strategic objective is to better assist clients by streamlining front line case managers' access to information. COSH (1) expands support service resources and housing opportunities; (2) explores and conveys best practices through research, training and education; and (3) identifies service gaps that require ten-year plan strategies.</p>	<p>Monthly or more</p>

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

Not applicable.

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	2	14	0	1	2	0	5

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	1	5	0	1	0	0	5
Substance abuse	0	2	0	1	0	0	1
Veterans	0	1	0	0	0	0	3

HIV/AIDS	0	0	0	0	0	0	0
Domestic violence	1	3	0	0	0	0	1
Children (under age 18)	0	0	0	0	1	0	0
Unaccompanied youth (ages 18 to 24)	0	4	0	0	2	0	2

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	2	17	0	1	2	0	2
Authoring agency for consolidated plan	0	2	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	2	13	0	1	0	0	0
Attend consolidated plan focus groups/public forums during past 12 months	2	14	0	1	0	0	1
Lead agency for 10-year plan	0	1	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	2	14	0	1	2	0	1
Primary decision making group	0	1	0	0	0	0	0

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	2	11	0	4	36	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	2	0	1	5	0
Substance abuse	0	5	0	0	3	0
Veterans	0	1	0	1	4	0
HIV/AIDS	0	1	0	1	1	0
Domestic violence	0	3	0	0	4	0
Children (under age 18)	0	1	0	1	1	0
Unaccompanied youth (ages 18 to 24)	0	2	0	0	4	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	2	7	0	3	27	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	1	0	2	14	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	1	4	0	2	21	0
Lead agency for 10-year plan	0	0	0	0	0	0

Attend 10-year planning meetings during past 12 months	2	4	0	2	19	0
Primary decision making group	0	0	0	0	0	0

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

Instructions:

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

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

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

Rating and Performance Assessment Measure(s) (select all that apply): k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, i. Evaluate Project Readiness, a. CoC Rating & Review Committee Exists, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, e. Review HUD APR for Performance Results, q. Review All Leveraging Letters (to ensure that they meet HUD requirements)

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

The Charlotte Mecklenburg CoC membership developed a list of candidates to serve as an independent, unbiased review committee to read, score and rank applications. Committee members were chosen based on expertise in housing issues, services gaps and knowledge of community providers. A numeric scoring tool was provided by the CoC that ranked:

1. community needs.
2. target population(s) to be served.
3. eligibility criteria.
4. the project plan for addressing the identified housing and support services needs.
5. projected project outcome(s).
6. coordination with other source(s)/partner.
7. detailed budget including match and leveraging dollars.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): d. One Vote per Organization, a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

Any provider may submit an application to the CoC whether or not they have received funding from the CoC in the past or not. The notice of available funding and application process is announced through a News Release and posting on the City and County websites. CoC meetings, NOFA application preparation meetings and Homeless Service Network meetings dates and times are widely available and public. New applicants are encouraged to attend these meetings to develop a better understanding of the requirements. New applicants are provided with links to supporting documentation and they are encouraged to either ask or submit questions of the CoC to fully understand the process. New applicants are scored utilizing the same criteria as other, existing projects.

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

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

Not applicable.

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

In 2012, the number of ES beds decreased to 924 from a 2011 total of 1,364. Three programs, including 2 ES (Charlotte Emergency Housing and Family Promise) and one voucher-based transitional program previously classified as permanent supportive housing (WISH), merged into one voucher-based transitional program, resulting in a decrease in year-round ES beds and a change in site-based and voucher-based TH beds. A motel-based shelter (Arlington Suites) closed due to lack of funding. Similarly, state funding for a DV emergency motel voucher expired and was not renewed. A small ES program (Blessings in the Storm) was reclassified as a transitional shelter, as it cannot accommodate emergencies and enable clients to extend stays indefinitely.

HPRP Beds: No

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

Not applicable.

Safe Haven: Not Applicable

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

Not applicable.

Transitional Housing: Yes

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

The number of TH beds increased from 1,216 in 2011 to 1,295 in 2012. Training offered by the State prior to the January 2012 PIT count resulted in the reclassification of nine reporting programs (Angel House, Cascade, Charlotte Rescue Mission, Dove's Nest, House of Grace, Missionaries of Charity, Room at the Inn, Salvation Army ARC and Saber) from transitional to precariously-housed, because these programs do not require homeless verification prior to entry, so that their census was subsequently no longer entered into the HDX. Additionally, the merger of three programs (referenced above) increased voucher and site-based TH beds, as did the reclassification of an emergency shelter program to transitional shelter.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? Not Applicable

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

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

In 2011 there were 792 PH beds, while in 2012 this total decreased to 659. Following the State training mentioned above, several programs were reclassified from Permanent Supportive Housing to voucher-based Transitional Housing (WISH, Community Link and Hampton Creste) which affected inventory and census counts.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters) Not applicable.

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

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

Must specify other:

Not applicable.

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

Specify "other" data types:

Not applicable.

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

The PIT coordinator reached out to each shelter/TH program to provide instruction via email on a PIT/HIC template provided by the North Carolina Coalition to End Homelessness. The PIT coordinator followed up with the shelters via email or phone to confirm that their inventory was gathered on the night of the PIT, including any changes from previous years. The template provided by the state and given to the shelter providers gathers shelter/housing inventory, as well as shelter census and subpopulation data for one night. The shelter contact person completed the template and submitted it to coordinator, who then entered the data into the HDX and local HMIS to generate a community-wide report submitted to the state.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS (select all that apply): NC-505 - Charlotte/Mecklenburg County CoC

Is there a governance agreement in place with the CoC? No

If yes, does the governance agreement include the most current HMIS requirements? No

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

The CoC is transitioning to statewide a CHIN system in March-April, and steps have been taken to ensure that a written agreement will be in place once the switch to CHIN occurs in March 2013.

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: Client Services Network

What is the name of the HMIS software company? Bell Systems

Does the CoC plan to change HMIS software within the next 18 months? Yes

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 07/01/1999

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): No or low participation by non-HUD funded providers, Inadequate ongoing user training and/or users groups, Inadequate resources, Inadequate staffing

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

Not applicable.

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

Participation in HMIS by non-McKinney-Vento-funded homeless programs still remains a challenge. The local CoC continues to reach out to these programs to promote the value of the HMIS for data collection, case management and potential funding opportunities. However, with the current economy leading to tight nonprofit budgets and increased demand, it is challenging to convince some agencies that they should prioritize their tracking systems. The Charlotte-Mecklenburg Coalition for Housing, the entity in charge of leading City and County efforts to implement the Ten Year Plan to End Homelessness, will continue to facilitate meetings with stakeholders to try to increase HMIS participation CoC-wide, including data collection, warehousing and sharing. The Charlotte-Mecklenburg Coalition for Housing will continue to identify resources to support retaining a CoC-wide data administrator to lead HMIS recruitment, end-user training, data dissemination and quality control.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	April	2012
Operating End Month/Year	March	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$60,000
ESG	\$0
CDGB	\$0
HOPWA	\$0
HPRP	\$0
Federal - HUD - Total Amount	\$60,000

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

Funding Type: State and Local

Funding Source	Funding Amount
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

Funding Type: Private

Funding Source	Funding Amount
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	\$36,520

Total Budget for Operating Year	\$96,520
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Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

Though "Yes" was selected above, the CoC wishes to state that it will work with various entities such as the City of Charlotte, Mecklenburg County and Foundations for the Carolinas to explore funding opportunities to subsidize the HMIS costs to increase participation by Charlotte-Mecklenburg homeless and affordable housing providers. In early 2013, CHIN will be working with representatives from the participating HMIS agencies to investigate opportunities to increase funding and learn how other entities around the country are managing costs. The Charlotte-Mecklenburg CoC will designate one or two members to be involved in the funding investigation.

How was the HMIS Lead Agency selected by the CoC? Agency Volunteered

If Other, explain (limit 750 characters)

Though "Other" was not selected above, the CoC wishes to share that the current HMIS Lead Agency has informed the Charlotte-Mecklenburg CoC that it will need to identify an HMIS Lead Agency to replace it in the next couple of months.

The Charlotte-Mecklenburg CoC has two options for the HMIS Lead Agency because of the statewide change to CHIN. Those two lead agency options are CHIN or Bowman Systems. The Charlotte-Mecklenburg CoC will select a HMIS Lead Agency by February 28, 2013.

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

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

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

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

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

* Emergency Shelter (ES) beds	86%+
* HPRP beds	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	76-85%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

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

Not applicable.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	100%
Supportive Services	100%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	3
Transitional Housing	5
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	6%	0%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	1%	0%
Gender	0%	0%
Veteran status	0%	1%
Disabling condition	1%	3%
Residence prior to program entry	1%	1%
Zip Code of last permanent address	1%	0%
Housing status	0%	0%
Destination	0%	1%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Annually

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

A transition from HMIS to CHIN occurs on April 1, 2013. Mandatory training is provided by CHIN prior to user ID assignment and activation. The training emphasizes entering accurate, complete data. Helpful hints and resources are available online. Follow-up training will be available for users as needed to increase data quality. Data quality checks will be performed monthly by each agency as outlined in the CoC's Data Quality and Monitoring Plan Policies and Procedures. The data quality procedures provide step-by-step instructions on how to identify data quality issues. If data quality issues are discovered, those issues must be fixed within a timely manner by each agency. HMIS will be used on a semi-annual basis to review data prior to PIT.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Not applicable.

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

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

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

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

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

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

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

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

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

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

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

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

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

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

**If 'Yes', indicate date of last review
or update by CoC:** 01/02/2013

**If 'Yes', does the manual include a glossary of
terms?** No

**If 'No', indicate when development of manual
will be completed (mm/dd/yyyy):** 04/01/2013

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

* Privacy/Ethics training	At least Annually
* Data security training	At least Annually
* Data quality training	At least Semi-annually
* Using data locally	At least Annually
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	At least Annually
* HMIS software training	At least Semi-annually
* Policy and procedures	At least Annually
* Training	At least Monthly
* HMIS data collection requirements	At least Annually

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: semi-annually (twice a year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Not applicable.

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	60%	40%
Transitional Housing	24%	0%	29%	47%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The overall PIT number of sheltered homeless decreased in 2012. Changes in classification of several programs based on State training provided prior to the count led to the change. There was a slight increase in transitionally sheltered individuals, as some permanent supportive housing beds were changed to voucher-based transitional due to temporary subsidies. Reductions in the sheltered count occurred when some clients chose options besides emergency shelter. However, the Salvation Army Center of Hope and the Men’s Shelter of Charlotte did accommodate more clients before by making room not conventionally used for bed space, while the Room in the Inn had more churches, beds and clients participating on that night.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	Identified needs include shelters and rapid rehousing options that enable family units to stay together as a unit, particularly two-parent households with children, families with teen sons, and single fathers with children; a low-demand shelter for single women; permanent supportive housing, and rental subsidies, for singles and families; Safe Haven options for unaccompanied adults, including low provider-to-client ratios and intense supports for the mentally ill and substance abusers; and permanent supportive housing options for registered sex offenders.
* Services	There is a need for tenant advocacy services; additional case management services for clients; and job placement services for felons that go beyond provision of job leads, including coaching, follow up and job placement.
* Mainstream Resources	More resources are needed for those who those who have weak credit ratings or criminal backgrounds. For instance, these individuals would benefit from more housing vouchers, subsidies and subsidized units. There is also a need to reduce the time it takes for clients to receive advocacy for mainstream benefits. (To increase access to benefits, partnering agencies will be able to assist clients with signing up for benefits online via NC FAST (Families Accessing Services through Technology). Also, mainstream resources will significantly increase due to an expanded partnership with the county Department of Social Services (DSS). Outreach workers from DSS are now onsite at the shelters on a biweekly basis to enroll participants to receive Food Stamps and Medicaid.)

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

Instructions:

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

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

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

If Other, specify:

Not applicable.

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The PIT coordinator reached out to all homeless shelter providers in the CoC via email several weeks in advance of the January 2012 PIT to send them the PIT/HIC template provided by the state, along with detailed instructions and expectations on data collection requirements. Specifically, the North Carolina Coalition to End Homelessness generates a template that gathers bed inventory targeting individuals and families experiencing homelessness, along with the census and subpopulation data for these persons. Clear definitions are included as to what constitutes subpopulations such as chronically homeless, mentally ill, unaccompanied youth, etc., as well as the importance of gathering this information, its purpose, and its value to the community for services and planning. For those shelters that are HMIS participants, intakes that encompass all required PIT data elements featured on the template were conducted with each shelter guest. Shelter staff then used their HMIS to complete the template and return it to the PIT coordinator, who then generated a community-wide report. For those smaller shelter providers that are not HMIS participants, they were able to survey each guest at their shelters for that night, complete the PIT/HIC template and return it to the PIT coordinator. As the CoC conducts the PIT on only one night, assigned by the state, and not over the course of several days, as other communities do, it is ensured to get accurate, non-duplicative data.

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

Instructions:

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

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

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Interviews:	X
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Not applicable.

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

Weeks prior to the PIT count night as set by the state of North Carolina, the PIT coordinator reaches out to each shelter provider via email with detailed instructions regarding the census and subpopulation data requirements. The template issued to the providers includes a section for the shelters to provide information on their inventory that targets persons experiencing homelessness. All shelters conduct intake interviews with shelter guests upon entry to their shelters. The larger shelters enter this client data into the community HMIS, generating a report that enables them to complete the PIT template in full, including both the data and subpopulation information. The smaller scale shelters that are not HMIS participants have their own intake process and complete the PIT templates based on client interviews that gather detailed subpopulation data, and return them to the PIT coordinator. The coordinator then enters all templates into HMIS to compile the data and generates a continuum-wide PIT report.

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

Instructions:

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

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

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

If Other, specify:

The PIT coordinator generates an Excel sheet along with an HMIS report, as a double-check and quality-control measure.

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

Not applicable.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

Following the training received by the PIT coordinator as provided by the state of North Carolina, each reporting agency is provided with detailed instructions via email. The PIT coordinator follows up to make certain that each shelter indeed understands how the information is gathered, what data is needed, and that the census and inventory is gathered on the one night specified by the state of North Carolina. This results in a community-wide PIT, which occurs on only one night, thus avoiding duplicative counting. The PIT coordinator then uses the HMIS to compile data provided by community shelters to generate the local PIT, and uses an Excel sheet as a quality control measure. The quality and accuracy of the shelter PIT data and subpopulation is ensured, because the count occurs on one night, not over the course of several days, so that each individual/family counted is only counted once, from one source, as they cannot be at two locations at one time.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? semi-annually (twice a year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Not applicable.

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

There was a small decrease in the unsheltered PIT count in 2012 (301), as compared to 2011 (315). The decrease can be attributed to Permanent Supportive Housing projects for the chronically homeless, and to the Men's Shelter of Charlotte's low-demand shelter offerings which accommodate homeless persons off the street who may be non-treatment-seeking, substance abusing or mentally ill.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	X
Public places count with interviews on the night of the count:	
Public places count with interviews at a later date:	X
Service-based count:	X
HMIS:	X
Other:	
None:	

If Other, specify:

Not applicable.

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

The PIT coordinator communicates with a Charlotte-Mecklenburg Police Department (CMPD) contact who gathers count and gender information from each district regarding people who are known to be sleeping in places not meant for human habitation. The day following the night of the PIT, the PIT coordinator and community volunteers conduct interviews at local soup kitchen lines to gather subpopulation information for persons who self-identify as having slept in places not meant for human habitation, such as on streets, under bridges, in camps or in abandoned buildings. The PIT coordinator then enters the data and subpopulation information in the HDX and the HMIS to produce a community-wide report. Throughout the year, the PIT coordinator maintains contact with the State Department of Transportation and the CMPD to identify camps and other street homeless locations to visit and determine level of activity or occupancy, and to conduct outreach with any homeless persons who might be present. Similarly, the PIT coordinator maintains contact with City of Charlotte maintenance crews that are responsible for the uptown area so as to identify and reach out to persons experiencing homelessness that sleep in and around the Center City area.

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

Instructions:

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

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

If Other, specify:

Not applicable.

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

Instructions:

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

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Not applicable.

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

The community's count of unsheltered homeless persons is done in collaboration with the Charlotte-Mecklenburg Police Department (CMPD). The PIT coordinator reaches out via email to a point of contact at the CMPD, who then contacts a police representative from each district to gather information regarding the number and gender of known homeless persons sleeping in places not meant for human habitation. This count benefits from the police officers' first-hand knowledge of homeless persons congregating in their districts, as well as from visits to established homeless camps. To avoid duplicative counts, the PIT coordinator does not include in the point in time count the CMPD divisions that are in and around the downtown area or near the shelters, as many of those persons frequently stay at shelters are merely congregating outside prior to admission times.

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

There are typically no homeless families with children that are identified as unsheltered on the night of the PIT. This can be attributed to the Center of Hope shelter and the Room in the Inn seasonal shelter coordinating efforts to provide a bed for all homeless families that present at their doorsteps.

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

Several agencies in the community have outreach staff that engage persons sleeping in places not meant for human habitation. The Urban Ministry Center has two staff people who, while focused on coordinating medical services and conducting housing readiness activities with the homeless, do outreach to the street homeless. Mecklenburg County's Homeless Support Services (HSS) team, including the PIT coordinator, also has staff that connects with the Department of Transportation, the CMPD and City of Charlotte cleaning crews to meet street homeless where they are, such as at bridges, downtown benches and camps in the woods. In addition, HSS has social work staff stationed at the Homeless Resources Center, which offers a space for street homeless to partake in meals offered by ministries and gives the social workers there the opportunity to engage the homeless and speak with them about housing and services.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	321
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	300
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	500
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	900

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

The Charlotte-Mecklenburg Coalition for Housing (CMCH) responsible for Ten Year Plan (TYP) implementation recognizes that a supportive services model is essential, and has advocated both for new construction and rental subsidies for permanent supportive housing. The Community Support Services Department Director, a member of CMCH, recently brought a proposal to City, County and Charlotte Housing Authority (CHA) Leadership for a dedicated, sustainable funding source for ongoing investments in housing stability supportive services. If adopted, it is anticipated that the reserve would be funded by a \$0.25 Mecklenburg County property tax that would yield about \$2,832,375. The enclosed PH Bonus request would create 35 new PSH beds for the CH with case management. S+C beds have been increased by approximately 50 this year through more aggressive recruitment; these additional beds will be maintained in the coming year.

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

Over the next five years, St. Peter's House (McCreesh Place) plans to add 50 CH beds, and Urban Ministry Center plans to add 30 beds for the CH over the next two years. The community will request additional VASH vouchers and Bonus funds. S+C beds will be managed to maximize availability of beds for CH persons and their families. Mecklenburg County has committed \$1 million for a jail diversion program entitled FUSE, targeted toward frequent users of costly health and habilitation services, which will provide permanent supportive housing for up to 45 households, including many chronically homeless individuals.

Mecklenburg County has set aside up to \$25,000 in ongoing funding toward client benefits to expedite or maintain housing for homeless households when no other options exist. Already, several families have avoided emergency shelter thanks to this small fund, which assists in bringing eligible persons into existing PH beds, though it does not create new permanent housing.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

Charlotte City Council recently held Affordable Housing Strategy discussions. From these discussions, five housing and homelessness strategies have been recommended. The CoC will participate with the City of Charlotte to further develop these strategies, one of which is permanent supportive housing for the chronically homeless. The City is proposing to provide construction funding through its Housing Trust Fund. Operating costs and supportive services would be provided by Mecklenburg County, the Charlotte Housing Authority and homelessness service providers. This strategy will improve the lives of CH individuals, address the current temporary-shelter backlog, develop more efficient use of community resources and provide housing for approximately 700 chronically homeless individuals in Charlotte. It is suggested that Charlotte build one facility of 85 units every two years for the next eight years. This local effort will help obtain the national goal of ending chronic homelessness.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

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

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 92%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC has consistently exceeded this HUD goal, and will continue to do so by consistently linking participants to mental health services, substance abuse prevention and care, health care, financial counseling, life skills and other supports. In 2012, the CoC achieved a goal of 92%. DSS co-locates eligibility workers at housing sites to facilitate applications for financial supports. Moore Place, an 85-unit permanent housing facility for CH, is staffed with five Mecklenburg County social workers who prioritize housing retention over goal attainment in other areas. This program has already achieved a housing retention rate (housed six months) of 90%.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The Charlotte-Mecklenburg Coalition for Housing (CMCH) pairs bricks and mortar with services in order to prevent recurring homelessness. The Community Support Services Department Director, a member of CMCH, recently brought a proposal to County leadership for a dedicated, sustainable funding source for ongoing investments in housing stability supportive services. If adopted, it is anticipated that the reserve would be funded by a \$0.25 property tax. There are currently three full-time SOAR workers in place at Homeless Services Network member agencies (Urban Ministry Center, Men's Shelter of Charlotte and Innovative Community Resources) that help clients apply for, access and maximize SSI and SSDI benefits. The CoC recognizes that increased income enables the homeless to access housing initially, and decreases the incidence of disrupted housing and recurrence of homelessness. S+C staff checks for SSI and SSDI annually at recertification and encourages pursuit of these benefits.

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

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

Instructions:

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

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 67%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70%

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

Lack of affordable PH and inadequate employment (Mecklenburg County unemployment is currently 9.0%) are the largest barriers to obtaining and maintaining PH. Landlords have been and continue to be highly selective as large numbers of households seek rental opportunities, rather than home ownership, due to unpredictability of their finances. The short-term plan to combat these factors is as follows.

- The CoC is attempting to create additional PH opportunities by seeking Bonus funding.
- The community is attempting to create additional PH opportunities through Casseroles and Beyond, a partnership with congregations and other organizations to provide permanent housing and supportive services.
- SOAR workers attempt to ensure that every eligible client has access to an income stream to pay for housing.
- On-site access to collaborative job readiness services and employment leads will continue to be provided.

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

The Charlotte-Mecklenburg Coalition for Housing (CMCH) will continue to advocate for additional permanent housing that follows the “low demand” model in which harm reduction and housing retention are prioritized over achievement of other client goals.

Some of Hampton Creste’s residents will have the option to “transition in place” into permanent residency. Charlotte Family Housing focuses on employment as a key outcome measure to help clients with long-term self-sufficiency. Once client needs are determined, Goodwill Industries provides access to vocational expertise and training.

Over the next decade, the CoC will measure results and determine the most effective way to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing. CoC agencies discuss effective strategies and results to benefit the entire homeless community on an ongoing basis.

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

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

Instructions:

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 35%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 36%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 45%

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

Significant challenges remain in the local economy with an unemployment rate of 9.0%. The Salvation Army and DSS will continue to work collaboratively to help TANF participants gain employment. This will ensure that all training opportunities are utilized and that access to job opportunities and employment vouchers is increased. Many CoC participants in our community collaborate with Goodwill Industries to strengthen the job skills and employment potential of participants. Most case workers/social workers make this a top priority for participants to give them the best chance for long-term self-sufficiency. Urban Ministry Center's JobWorks Program, which started this year to develop relationships with local employers to provide more job opportunities to homeless individuals, will also contribute to short- and long-term efforts.

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

In the long term, the establishment of a coordinated intake and assessment process will increase the percentage of participants employed at program exit by efficiently connecting participants with appropriate services. The CoC will stress the importance of projects that improve participants' employability, scoring such projects favorably as they seek funding.

Charlotte-Mecklenburg Schools provides McKinney-Vento-qualified children with the supports to remain in school and progress academically. Graduation from high school and completion of higher education increases employment and earning prospects. In addition, A Child's Place and Charlotte Family Housing provide employment services to the parents of many homeless families. Employed parents acquaint future generations with the importance of job and housing stability. As the local economy improves, it is anticipated that there will be additional employment opportunities for the homeless, many of whom have few employable skills.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 78%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 78%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 80%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 82%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

To increase participants' use of mainstream resources, the CoC will continue to coordinate with public and private organizations, government agencies, the faith-based community and local philanthropic organizations such as the Levine Foundation and Foundation for the Carolinas. The implementation and expansion of the SOAR program will be continued, as it has been effective in connecting people to mainstream benefits and reducing the processing time of benefit applications. Representatives from Veteran Services will provide outreach to help veterans determine eligibility and apply for benefits. Mainstream benefit planning efforts occur regularly through CoC subcommittees such as COSH (Coordination of Services and Housing) to help identify clients needing benefits and to identify gaps in services. This group is made up of over 20 representatives from different agencies within the CoC. This year, the CoC will increase its efforts to capture and document outcomes of such efforts.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

In the long term the CoC will utilize North Carolina Families Accessing Services Through Technology (NC FAST) software introduced by the Department of Social Services (DSS). NC FAST will enroll participants in food stamps programs directly from the shelters. The Mecklenburg County's social services agency also has an interest in expanding the system to include Medicaid/Medicare and cash benefits. All staff will be trained on NC FAST program. There are also plans to on-site services by increasing the hours of DSS workers at each shelter location. There is a commitment to expand the training and implementation of the SOAR program throughout the community and to improve documentation of results by using HMIS. The CoC will aim to expand or re-define the delivery of case management and support services. This will happen through more active provision of case management supports to individual and family program participants, especially those who are recipients of multiple services.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

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

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

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 321%
- In 12 months, what will be the total number of homeless households with children?** 300%
- In 5 years, what will be the total number of homeless households with children?** 200%
- In 10 years, what will be the total number of homeless households with children?** 100%

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

During the past 3 years, the CoC has successfully implemented rapid re-housing initiatives. However, there continues to be an unmet demand for emergency shelter. The COC continues to seek additional resources for rapid re-housing activities. In 2012, ESG funds enabled area CoC family shelters to increase the number of families being housed monthly from 5 to 15. There is a collaborative public/private effort underway to create a rental subsidy endowment. Should this effort be successful, the CoC's capacity to rapidly re-house families will address overcrowded shelters within 12 months. The Coordination of Services and Housing (COSH) committee meets regularly to discuss strategies for reducing the need for shelter by using shelter diversion and targeted prevention. COSH agencies partner and leverage resources to expand housing opportunities. The most significant outcome is that each family that enters the local CoC system is linked to appropriate housing.

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

Last year, the National Alliance to End Homelessness issued a report that family homelessness might increase a 5% during the next few years. In contrast to this finding, the Charlotte-Mecklenburg area PIT count anticipates an increase of at least 10%. This is attributed to the North Carolina unemployment rate, which is the 5th-highest in the United States, as well as the high number of homeless families who relocate to Charlotte.

The CoC will revise its Ten Year Plan early this year to align with new HEARTH goals to address family homelessness. It is anticipated that a rental subsidy endowment will be created to provide a sustainable funding source. Another effort involves an increased partnership with the Charlotte Housing Authority to create opportunities to target homeless families. The CoC will continue to design and assess strategies that reduce homelessness through more rapid re-housing, coordinated intake, appropriate placement and coordinating the ESG and COC processes.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 0

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

Not applicable.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

Not applicable.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

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

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Not applicable.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The CoC has forged working partnerships with key agencies in Mecklenburg County to ensure that persons aging out of foster care are not routinely discharged into homelessness. These partnerships include local nonprofits that provide emergency and transitional beds and services such as The Relatives, the Men's Shelter of Charlotte, Salvation Army Center of Hope, and Florence Crittenton Services (FCS). Mecklenburg County DSS works with aging-out foster youth and links them to the appropriate services provided by appropriate community partners and CoC member organizations.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable, as the CoC has an implemented discharge plan for foster care.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Relatives is a CoC member that provides shelter for youth unable to return home, be adopted or live independently. It collaborates with the faith-based community, nonprofits such as FCS (providing a range of services to pregnant and parenting teens), and the County DSS. These partnerships ensure appropriate discharge placements for those aging out of foster care. Beginning at age 16, DSS readies youth to live independently, and provides supportive services to ages 18-21. A Transitional Plan for each youth includes safe, stable housing; academic and vocational plans; a support network; and education on family planning and avoiding high-risk behaviors. Those in care may stay on a voluntary basis until age 21, if employed or in an educational/vocational setting. DSS coordinates with youth in group residential settings in partnership with FCS and The Relatives/Alexander Youth Network. Four DSS staff utilize local, state and federal resources to promote self-sufficiency and stable housing.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

After working on a self-sufficiency plan, if a person is aging out of the foster care system and is unsuccessful in locating and securing permanent housing, that person can either choose to do a voluntary placement or choose a transitional bed in The Relatives' Journey Place program. Journey Place provides 6 transitional housing beds for this population. The CoC criterion that no one be discharged from foster care into McKinney-Vento housing is addressed by this program. Aging youth may: remain in foster care until age 21; enter supervised group living facilities; prepare for emancipation with demonstrated skills and resources for independent living; and continue with local education and vocational services. Charlotte Housing Authority and DSS have collaborated on two successful Family Unification Program voucher applications and use some vouchers for temporary rental assistance to youth who are aging out of foster care.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

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

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Not applicable.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The CoC has a protocol for requesting and accessing appropriate services and options for permanent housing for homeless persons. The CoC has an MOU in place with Presbyterian Hospital that identifies strategies and resources for homeless persons the hospital discharges. Hospital discharge staff are invited to participate in CoC meetings. A similar arrangement is available for Carolinas Health Care System (CHS) for discharge planning. The community also has two agencies that provide respite beds to those in need.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Presbyterian's policy conforms to the CoC requirement that no one is routinely discharged into McKinney-Vento housing without meeting HUD's eligibility definition. Hospital staff communicate with Mecklenburg County Homeless Support Services to identify appropriate housing and service options prior to discharge. CHS has extensive discharge planning resources and is invited to participate in the CoC process. Both hospitals participate in PIT counts. Hospital discharge staff work with the Men's Shelter of Charlotte (MSC) and the Urban Ministry Center. These CoC agencies have staff trained in the SOAR process to improve disability income for homeless persons who frequently utilize hospital services. Samaritan House, a CoC participant, is a respite facility for homeless persons discharged from the hospital. In addition, the MSC has a 10-bed respite program. The CoC utilizes MOUs and modifies them as needed. The CoC will monitor the implications of Medicaid reform and address any issues.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The majority of persons return to their own homes. Others routinely go to live with family or friends. Samaritan House, a private organization that receives no HUD funding, provides recuperative care to homeless individuals when they are discharged from the hospital. During the past year, Samaritan House provided respite care for 133 individuals with a total of 2,050 guest days. Alternatively, persons routinely go to nursing homes, assisted living facilities and long-term care facilities upon discharge. As appropriate, others routinely go to physical rehabilitation or substance abuse treatment programs.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

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

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Not applicable.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The CoC has memorandums of understanding with protocols to ensure that clients in need of services and placement will only be exited to homelessness at the shelter/street level as a last resort, after all other resources have been exhausted. If a client enters the shelter system from discharge, the client is surrounded with wrap-around services to address the housing barriers and to prevent a similar discharge from recurring.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Last year, the CoC, Council for Coordinating Homeless Programs and the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services established protocols outlined in MOUs. All MOUs are now being updated to ensure that appropriate PH is identified for persons being discharged. Previous MOUs were signed with Broughton Hospital, J. Iverson Riddle Development Center, the JFK Alcohol and Drug Treatment Center and Black Mountain Neuro-Medical Treatment Center.

The County mental health agency has two discharge care coordinators who secure appropriate placement and referrals for any individual coming out of a psychiatric facility. Monarch, a community partner, provides 30 transitional beds through a program called Friendship Flight for both local and statewide discharges. MOUs identify designated employees that communicate and coordinate care so that the client receives the most efficient, individualized and seamless care possible.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

People who are discharged routinely return to family, friends or to the streets and shelters. Specifically, non-McKinney-Vento-funded programs include Safe Alliance, Charlotte Rescue Mission, the McLeod Center and others in the Homeless Services Network.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

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

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Not applicable.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The CoC has memoranda of understanding with the County Sheriff's office and Mecklenburg County Homeless Support Services, which have staff co-located in facilities including shelters and day services centers. The agencies have trained staff who serve on a reentry teams to meet with still-incarcerated clients to put a 'diversion plan' in place to avoid discharges to the shelter system. There have been challenges in identifying who is actually homeless. The current process involves checking a person's address at the time of arrest, asking if they are interested in services and obtaining more detail about their housing history. Significant progress in relationship and services has been made to those who are both high on the Vulnerability Index and who are chronically homeless.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The MOU between the Mecklenburg County Sheriff's office (MCSO) and the CoC agrees that the jail may contact a CoC designated staff member from the County Homeless Support Services (HSS) program to work with homeless inmates before and after discharge to develop a placement and resource plan. Inmates are offered the services and supports if they are interested or if it is known that they are likely homeless. The "Justice in the Community Committee" of Mecklenburg County targets persons within the justice system who are mentally ill. One component includes 30 TH beds. The key partners are the jail, MCSO, Mecklenburg County Area Mental Health, Center for Community Transitions, Monarch, Hope Haven, Community Support Services, Charlotte Center for Urban Ministry and staff from both the Men's Shelter of Charlotte and The Salvation Army Center of Hope. The MCSO is a regular participant in CoC meetings.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Upon discharge, persons may choose to go to relatives, friends or appropriate programs. There is no specific data available at this time identifying the dispositions for discharged inmates who are homeless. A CoC priority and strategy is to expand system-wide tracking with greater precision. Some former inmates return to the local shelters as well as the streets. There are many local agencies that offer services to address the barriers to housing of those with both a long history of incarceration and homelessness. These programs all have limited or seasonal bed/housing space but provide daily basic needs and social workers to work with those eligible to secure housing. The agencies offering such programs include Charlotte-Rescue Mission, Safe Alliance, the McLeod Center and others in the COC and Homeless Services Network.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:

CoC strategic plan goals that are included in the Consolidated Plan are to (1) increase and maintain the supply of safe, decent rental housing units available for low-income households, focusing on households earning 50% or less of AMI; (2) accelerate development of appropriate service-enriched and/or supportive housing for homeless and special needs populations through new construction, rental assistance and rehabilitation; (3) increase the number of tenant-based rental subsidies available for homeless and special needs populations; (4) increase homelessness prevention assistance for households at risk of becoming homeless; and (5) link chronic homeless men and women to housing, treatment and services through intensive outreach and engagement.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

Using private funds, local dollars, NC ESG, City ESG and HOME/TBRA funds, the community has managed to not only maintain, but increase its rapid rehousing efforts. For example, Men's Shelter of Charlotte deploys a rapid rehousing model in tandem with SOAR, as appropriate, so that as soon as men receive disability income they can be housed. The Salvation Army has implemented a rapid re-housing program to help families transition back into the community. Charlotte Family Housing uses rapid rehousing to serve 200 families a year using an empowerment model that teaches self-sufficiency. Using the lessons learned from HPRP, the local shelter system has started to shift from a long-term shelter model to a rapid rehousing approach. In addition, efforts are under way to develop new sources of funding to increase rental subsidies within the CoC. Using ESG funds, Community Link is targeting families and individuals whose housing is threatened due to domestic violence and eviction with targeted prevention program. Targeted prevention is a new ESG project component using data from HPRP.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

The CoC takes several different approaches to its coordination with various Charlotte-Mecklenburg County programs.

COSH (Coordination of Services and Housing, a subcommittee of the Homeless Services Network, meets monthly to review housing cases and provide opportunities for collaboration. COSH members are local service providers including VA, Carolinas CARE Partnership (administers local HOPWA programs), emergency shelters, transitional housing programs, permanent supportive housing programs and housing providers. Agency representatives use this meeting to help connect clients to available services. In addition, CoC initiatives align CDBG and ESG activities in the local consolidated plan. CDBG funds are being used to 1) increase and maintain the supply of safe, decent rental housing for households earning 50% or less of AMI and 2) accelerate development of service-enriched and/or supportive housing for homeless and special needs populations. Local ESG dollars are utilized to 1) increase the number of tenant based rental subsidies available for homeless and special needs populations and 2) increase homeless prevention assistance for households at risk of becoming homeless.

All NSP funds have been allocated and all NSP projects are complete. However, the community is seeking to create a local initiative that mirrors NSP but utilizes local funds. If this is successful, it will allow NSP activities to continue addressing local needs.

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

If 'Yes', describe the established policies that are in currently in place: It is the CoC's policy for every agency to have a McKinney-Vento point of contact. Similarly, every school in the Charlotte-Mecklenburg Schools system has a McKinney-Vento liaison (though only one liaison is required for the entire district). The contacts and liaisons work together to ensure that every child is linked to services as needed.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

Since 1989, the community identified homeless students and connected them with needed services through A Child's Place (ACP). ACP has worked in partnership with Charlotte-Mecklenburg Schools (CMS) over the past two decades to identify and provide services to McKinney-Vento children. McKinney-Vento requires one liaison for the entire school district; CMS has gone much further by placing a liaison in each school. This liaison identifies the students and connects them to transportation, food and educational services. The McKinney Vento liaisons then refer students to ACP staff who ensure that they receive wholistic, wrap-around services that keep them in school and ready to learn. CMS trains each liaison on McKinney-Vento legislation to help with student identification and coordination of services. The trained liaisons work with ACP to provide training to school staff. Area agencies participate in a forum that teaches about available services. Once registered as McKinney-Vento, a student automatically receives free food and transportation within 1-2 days. Children who sign up with ACP are assigned an ACP Masters-level Social Worker. In addition to ACP and CMS, coc members work closely with children and families to efficiently serve those in need. Key CoC member agencies include ACP, Salvation Army, Charlotte Family Housing, DSS, Area Mental Health, Community Support Services, the Housing Authority and faith-based members.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

All CoC agencies work closely with homeless children and their families to meet their basic physical, social and emotional needs.

The agencies that participate in the CoC work as partners in addressing the physical, social and emotional needs of those in need. Six CoC partner agencies (Charlotte Family Housing, Salvation Army Center of Hope, The Charlotte Men's Shelter, United Family Services, The Relatives and A Child's Place) came together this year under the name of the "Intact Family Housing Program" and started a collaborative effort to identify, assess and house families that fall into the shelter system gap and are split among as many as three shelters. This group, rather than creating a new agency, agreed on common intake and assessment tools, entry points and treatment systems. Thus far the program has housed 12 families, all of which, without this collaboration, would have been split among two or three shelters. The shelters used local faith-based housing and hotels to provide adequate space for the families to remain 'intact'.

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

There are currently three major strategic initiatives underway to address homelessness among veterans. The first initiative is Charlotte Bridge Home (CBH). The agency's current focus is primarily on the veterans of recent conflicts, and their families. CBH is also working on a strategic plan all veterans, including their unique support systems, access to benefits, and employment issues.

The second is the VASH program administered by the Charlotte Housing Authority, along with two Per Diem programs, offered by Community Link and by Lutheran Family Services (LFS). Community Link's program focuses on veterans with substance abuse problems, female veterans and veterans with families. LFS provides services exclusively for female veterans, addressing the specific needs of that population. In addition, CoC agencies are preparing and submitting a collaborative application for Supportive Services for Veteran Families (SSVF) funding.

Third, The VA has requested funds for a Community Resource and Referral Center that would be located in Charlotte and provide specialized supportive services for homeless veterans and their families, including transitional beds (still a VA priority). VA housing contractors have served over 50 individuals since March 2012. The contracting agencies are HomeCare for the Carolinas LLC, Bradley Reid Corporation and Eagle House LLC.

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

One of the top three goals of the Charlotte-Mecklenburg County Ten Year Plan to End and Prevent Homelessness is to promote housing stability for families and individuals who are most at risk of becoming homeless. Staff from a number of agencies in Charlotte formed a subcommittee that has worked during the past year to identify the scope of the youth homeless population and to build the capacity to serve it. The agencies include Community Link, YWCA and the Charlotte Housing Authority. Supportive Housing Communities provides housing to homeless youth, just as it does for the adult population. The Charlotte Housing Authority and the Department of Social Services have collaborated on two successful Family Unification Program voucher applications and are using some of those vouchers to provide temporary rental assistance to youth who are aging out of foster care.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

Not applicable.

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

In Spring 2012, the City of Charlotte established a committee to review applications for local ESG dollars. This committee was made up of community leaders, homeless service providers and a former homeless person. The review process was facilitated by City of Charlotte ESG staff. Based on the committee's review and assessment of applications, recommendations were made. This same process was then used for the NC ESG application, which required that the CoC apply on behalf of the ESG applicant agencies. By utilizing the same review group, the COC was able to identify and fund service gaps while avoiding service duplication.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

Shelter + Care program staff and managers visited with referring agencies this past year to review availability of slots, eligibility criteria and procedures for making referrals. This information was also posted on the Mecklenburg CSS/Homeless Support Services Division web page, which also provides information to local hospitals and to the faith-based community. Information is presented to individuals and to small groups at various locations throughout the community. Information is provided in an equitable fashion, with targeted outreach provided in locations where "hard-to-reach" subpopulations congregate.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

Yes. A Coordination of Services and Housing (COSH) subcommittee comprised of staff from CoC agencies meets monthly to discuss housing and service coordination needs of homeless individuals and families. Cases involving unmet needs can receive staffing, and attendees volunteer their services as appropriate, or offer suggestions for alternate approaches. The COSH committee also collects information regarding service gaps.

Additionally, the organizations within the CoC coordinate housing and service systems for homeless individuals and families with very specific special needs.

The diversity of services represented by the Homeless Services Network provides coverage to veterans, abused women, the mentally disabled, substance abusers and those who have lost everything due to loss of employment during the recession. Having the agencies meet on a regular basis for many years has allowed each to know what is offered in the community, to avoid duplication of effort and to know where to refer those in need of specific services.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

Members of the Coalition for Housing utilize the Ten-Year Plan, the Neighborhood Revitalization Program, a Housing Needs Assessment, community feedback and input from the Homeless Services Network to establish Consolidated Plan priorities.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The Charlotte Mecklenburg Coalition for Housing is the jurisdictional partner of the Charlotte-Mecklenburg CoC and is responsible for implementing the Charlotte-Mecklenburg Ten-Year Plan to End and Prevent Homelessness. The Coalition is appointed by the Mayor of Charlotte, the Charlotte City Council and the Mecklenburg County Board of Commissioners. Each year, the Coalition aligns its strategic plan to the Ten-Year Plan's recommendations. Key action items in the strategic plan have been identified and incorporated into the City of Charlotte's balance scorecard. These items are reviewed and scored on a monthly basis. Due to the HEARTH Act and several new contributing factors since the drafting of Charlotte-Mecklenburg's Ten-Year Plan, the plan will be updated in 2013.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The CoC is meeting federal goals via local action. The CoC's focus has shifted from emergency shelter/transitional housing to rapid re-housing and permanent supportive housing. The TYP's oversight board now links trust fund dollars to housing with supportive services. One CoC member has received 200 FUP & 185 VASH vouchers and is expanding the CoC's supply of affordable housing, as are other developers. An agency used predominantly private dollars and HUD rental subsidies to open the CoC's premiere "housing first" permanent supportive apartment building for the chronically homeless; an expansion is planned. This agency also uses private/federal dollars to house the chronically homeless in scattered-site apartments. Another nonprofit expanded its SRO for chronically homeless men and is looking to expand further. Agencies that used to provide only emergency shelter are working to also provide transitional housing, with a focus on job training/employment, so that the homeless can transition quickly into permanent housing.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG): Determines how to allocate ESG grant for eligible activities

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

The City of Charlotte is the recipient of local ESG funds. Funds are allocated through the following process: 1) a request for proposal is released to community through local media and specifically to homeless service providers of the Homeless Services Network (HSN); 2) an information session is held during the application period to discuss community services, needs and gaps, and how ESG dollars can be used; 3) all submitted applications are reviewed and discussed by an evaluation committee. CoC members not applying for ESG funds are participants on the evaluation committee; 4) Evaluation committee makes funding recommendation to the City. After funding decisions are finalized, HSN members are notified.

Moving forward, the City will increasingly enhance coordination with the CoC for funding decisions (for example, utilizing the same evaluation committee for ESG and CoC funding recommendations).

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

Not applicable.

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

Not applicable.

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	100	Beds	233	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	90	%	92	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	65	%	67	%
Increase the percentage of homeless persons employed at exit to at least 20%	35	%	35	%
Decrease the number of homeless households with children	243	Households	321	Households
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Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

Last year the National Alliance to End Homelessness issued a report that, based on increases in poverty, family homelessness might be expected to increase a minimum of 5 percent over the next few years. In the CoC's service area, data indicates that homeless households with children are increasing at about twice that rate. Some of the increase may be attributed to the state's unemployment rate, which is the 5th-highest in the United States. Additionally, many families who are homeless relocate to Charlotte from various parts of the country. Recently, as shelters manage to house families, others are moving to Charlotte who take their places. The CoC is working on diversion projects and expects to decrease the number of families seeking emergency shelter.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC now monitors recipients' performance by reviewing APRs to determine eligibility for renewal funding. The CoC will continue to use APR data and hold discussions regarding the fit of each program with current objectives to determine ongoing appropriateness for funding.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

Members of the CoC meet regularly in a variety of settings (e.g., HSN, COSH, CoC, etc.). These meetings allow members to review current goals as well as any expected changes. Members work together during these meetings to share ideas regarding how to reach performance goals. Networking at formal meetings also facilitates further informal consultation between members.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

CoC members use frequent meetings and network emails to communicate needs within the network. CoC members are typically eager to refer to other members who have the capacity to assist. Networking among members provides opportunities for poor performers to improve through informal mentoring and technical assistance.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
Not applicable.	0	\$0
Total		\$0

**What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)**

The CoC is currently able to use HMIS to track the length of time that individuals and families who remain in the CoC’s geography remain homeless. The CoC will soon convert to CHIN, a system that will enable CoC- and state-wide tracking of persons experiencing homelessness, from entry into homelessness through exit to a more stable housing situation.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

Similarly, HMIS maintains data so that if an individual or family were to have an additional episode of homelessness, it would be added to the information already in the system.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)**

Mecklenburg County has a team of social workers co-located at the local drop-in center and shelters, so as to engage and assess individuals and families experiencing homelessness, developing a plan of action to resolve their homelessness. Most CoC agencies that provide permanent housing have dedicated outreach workers who specifically target homeless individuals who are the least likely to be aware of and/or have the ability to independently access available housing and supportive services. Outreach workers travel to encampments and other places where homeless individuals may be living, coordinate closely with emergency shelters and transitional housing, making presentations to groups and individuals on available housing options. The Vulnerability Index Registry is also used to identify and prioritize homeless individuals for linkage to appropriate housing in the community, including scattered site housing, HUD-VASH, public housing authority vacancies, and other permanent supportive housing. The outreach staff meets each person where they are at, both literally and figuratively, traveling to where homeless individuals are living and working to overcome issues that may be a barrier to housing such as securing proper identification, obtaining a copy of their Social Security card, etc. All organizations serving homeless individuals and families work closely together through the Homeless Services Network, and disseminate information through various committees.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

The CoC has incorporated several steps to prevent homelessness that are outlined in jurisdictional plans. For instance, the Charlotte Housing Authority has increased the number of housing vouchers available through VASH (Veterans Affairs Supportive Housing Program), addressing the area plan to increase the supply of safe, decent rental housing units available for low-income households. The Urban Ministry Center's expansion of Moore Place (through PH Bonus funds), and Supportive Housing Communities' scattered-site Supportive Housing Program project, are steps that address local plans to accelerate service-enriched housing for homeless and special needs populations through new construction, rental assistance and rehabilitation. Likewise, the jurisdictional goal to increase the number of tenant-based rental subsidies available for the homeless is addressed by rapid re-housing projects of the Men's Shelter of Charlotte, Salvation Army and Charlotte Family Housing. Area plans to increase homelessness prevention assistance are addressed by the services provided by Crisis Assistance Ministries and Community Link, and by the addition of 51 shelter beds by Safe Alliance (formerly United Family Services for those affected by domestic violence. To implement jurisdiction plans to link chronically homeless men and women to housing, treatment and services, the Men's Shelter of Charlotte and the Urban Ministry Center conduct outreach throughout the area.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

Not applicable.

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living
(limit 1500 characters)**

Not applicable.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	307	141
2011	298	169
2012	202	319

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

All CoC PSH programs targeting CH individuals and families have referral packets that include verifications of Chronic Homelessness and Disabling Conditions. The CH verification requires supportive documentation such as shelter bed sheet records and/or client self-statements corroborated by an outreach worker. Disability verifications are completed and signed by a physician, psychiatrist, or other professional that is licensed by the state and is familiar with the client. Medical records may also be required as collateral information.

Data collection for this population is collected via HMIS, as it is entered by PSH program staff with client consent.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

150

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

Not applicable.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development		\$1,700,000	\$500,000	\$500,000	\$3,800,000
Operations	\$300,020				
Total	\$300,020	\$1,700,000	\$500,000	\$500,000	\$3,800,000

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	49
b. Number of participants who did not leave the project(s)	358
c. Number of participants who exited after staying 6 months or longer	44
d. Number of participants who did not exit after staying 6 months or longer	328
e. Number of participants who did not exit and were enrolled for less than 6 months	30
TOTAL PH (%)	91

Instructions:

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

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	646
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	430
TOTAL TH (%)	67

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

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

Total Number of Exiting Adults: 1,167

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	356	31%
Unemployment insurance	30	3%
SSI	123	11%
SSDI	137	12%
Veteran's disability	4	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	48	4%
General assistance	0	0%
Retirement (Social Security)	6	1%
Veteran's pension	4	0%
Pension from former job	7	1%
Child support	28	2%
Alimony (Spousal support)	8	1%
Other source	13	1%
No sources (from Q25a2.)	253	22%

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

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

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

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

Total Number of Exiting Adults: 1,167

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	561	48%
MEDICAID health insurance	309	26%
MEDICARE health insurance	67	6%
State children's health insurance	1	0%
WIC	5	0%
VA medical services	15	1%
TANF child care services	20	2%
TANF transportation services	15	1%
Other TANF-funded services	12	1%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	0	0%
Other source	1	0%
No sources (from Q26a2.)	436	37%

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

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

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

Instructions:

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

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

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

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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more? No

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

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

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? No

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

Not applicable.

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

If 'Yes', indicate all meeting dates in the past 12 months:

The CoC uses two forums to plan and discuss improvements to CoC-wide participation in mainstream programs. In 2012, the CoC held eight public meetings on the following dates to discuss service coordination issues: April 11th, May 9th, June 13th, July 11th, August 8th, Oct 10th, Nov 14th. Second, the Coordination of Services and Housing (COSH) subcommittee (of the Charlotte/Mecklenburg Homeless Services Network) conduct planning on the second Tuesday of every month in 2012 from January through November.

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

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

If 'Yes', identify these staff members: Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff: No

If 'Yes', specify the frequency of the training: Not Applicable

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

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Not applicable.

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

SOAR trainings were held on 2/29/12-3/1/12, 5/30/12-5/31/12 and 12/5/12-12/6/12. There are 88 people in the CoC who have received SOAR training to date. There are 5 individuals in the CoC who are actively applying for SOAR and there are 3 full-time SOAR case workers in the CoC.

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
The need for connection to mainstream benefits is first identified as part of the income verification process at the time of application and again during the initial assessment and case history. Case managers and clients set goals for connecting to mainstream resources in writing on their Individualized Service Plan completed after entering the program. Referrals and applications for mainstream resources happen during monthly service planning contacts, or more often, as needed, when clients seek assistance with benefit recertification documentation.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
Not applicable.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received: 4a. Describe the follow-up process:	100%
Progress toward goals, including mainstream benefits, is monitored during quarterly case reviews. Income documentation is reassessed annually when Individualized Service Plans are updated and rewritten and during the lease recertification process, or more often, as needed, when clients seek assistance with unexpected loss of resources including mainstream benefits. The Department of Social Services (DSS) has a partnership with CoC projects. DSS has a single, direct contact identified for case managers to contact regarding questions, concerns or complex cases. In some cases a DSS employee makes regular visits to agency sites to assist program participants in person and coordinate referrals with staff. Data regarding receipt of benefits is entered into HMIS.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2012 Consistency ...	01/18/2013
CoC-HMIS Governance Agreement	No		
Other	No		

Attachment Details

Document Description: 2012 Consistency with Consolidated Plan

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/18/2013
1C. Committees	01/14/2013
1D. Member Organizations	01/07/2013
1E. Project Review and Selection	01/17/2013
1F. e-HIC Change in Beds	01/14/2013
1G. e-HIC Sources and Methods	01/18/2013
2A. HMIS Implementation	01/14/2013
2B. HMIS Funding Sources	01/07/2013
2C. HMIS Bed Coverage	01/08/2013
2D. HMIS Data Quality	01/14/2013
2E. HMIS Data Usage	01/04/2013
2F. HMIS Data and Technical Standards	01/08/2013
2G. HMIS Training	01/04/2013
2H. Sheltered PIT	01/17/2013
2I. Sheltered Data - Methods	01/18/2013
2J. Sheltered Data - Collections	01/18/2013
2K. Sheltered Data - Quality	01/14/2013
2L. Unsheltered PIT	01/14/2013
2M. Unsheltered Data - Methods	01/14/2013
2N. Unsheltered Data - Coverage	12/11/2012
2O. Unsheltered Data - Quality	01/18/2013
Objective 1	01/18/2013
Objective 2	01/15/2013
Objective 3	01/17/2013
Objective 4	01/18/2013

Objective 5	01/18/2013
Objective 6	01/18/2013
Objective 7	01/03/2013
3B. Discharge Planning: Foster Care	01/18/2013
3B. CoC Discharge Planning: Health Care	01/18/2013
3B. CoC Discharge Planning: Mental Health	01/17/2013
3B. CoC Discharge Planning: Corrections	01/17/2013
3C. CoC Coordination	01/18/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	01/08/2013
4A. FY2011 CoC Achievements	01/18/2013
4B. Chronic Homeless Progress	01/18/2013
4C. Housing Performance	01/08/2013
4D. CoC Cash Income Information	01/08/2013
4E. CoC Non-Cash Benefits	01/08/2013
4F. Section 3 Employment Policy Detail	01/15/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/17/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/18/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/18/2013
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan**

U.S. Department of Housing
and Urban Development

HUD approval No. 2008-012 (Exp. 10/2017)

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: Charlotte/Mecklenburg County (NC-505)

Project Name: NC-505 CoC FY2012

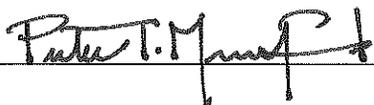
Location of the Project: Charlotte/Mecklenburg County (see attached)

Name of the Federal Program to which the applicant is applying: U.S. Department of HUD, Continuum of Care

Name of Certifying Jurisdiction: City of Charlotte

Certifying Official of the Jurisdiction Name: Patrick T. Mumford

Title: Neighborhood & Business Services Director

Signature: 

Date: 1.16.13

Charlotte/Mecklenburg County CoC Projects - NC-505

Grantee Name	Project Name	Address
Mecklenburg County Area Mental Health	ACCESS	1216 North Tryon Street Charlotte, NC 28206
Community Link	Assessment and Supportive Housing 2012	601 East 5 th St., Suite 220 Charlotte, NC 28237
Mecklenburg County	Homeless Support Services	700 North Tryon Street Charlotte, NC 28202
Supportive Housing Communities	McCreesh Place	2120 North Davidson Street Charlotte, NC 28205
Hope Haven	Phase IV Permanent Housing FY2012	1921 Charlotte Drive Charlotte, NC 28203
Salvation Army	SATH	4335 Stuart Andrew Blvd. Charlotte, NC 28217
Mecklenburg County	SPC New Samaritan Housing Initiative Renewal-12	700 North Tryon Street Charlotte, NC 28202
Mecklenburg County	SPC Renewal A – 12	700 North Tryon Street Charlotte, NC 28202
Mecklenburg County	SPC Renewal B – 12	700 North Tryon Street Charlotte, NC 28202
Salvation Army	STRETCH	4335 Stuart Andrew Blvd. Charlotte, NC 28217
Hope Haven	THREADS HMIS FY2012	3815 North Tryon Street Charlotte, NC 28206
Hope Haven	Transitional Housing FY2012	3815 North Tryon Street Charlotte, NC 28206
Hope Haven	Vocational Training FY2012	3815 North Tryon Street Charlotte, NC 28206
Charlotte Family Housing	Rapid Re-Housing for Families	300 Hawthorne Lane Charlotte NC 28204
Supportive Housing Communities	SPH Scattered Site Project	2120 North Davidson Street Charlotte, NC 28205
Urban Ministry Center	Moore Place Expansion	2435 Lucena Street Charlotte NC 28206
City of Charlotte- N&BS	Planning - Coordinated Intake	600 E. Trade Street Charlotte, NC 28202'