

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): NC-505 - Charlotte/Mecklenburg County CoC

CoC Lead Agency Name: Homeless Services Network

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Homeless Services Network (HSN) Steering Committee

Indicate the frequency of group meetings: Monthly or more

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

N/A

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

Specify "other" legal status:

N/A

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 90%

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

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

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

Specify "other" process(es):

N/A

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

Participation on the Steering Committee is open to the public, although membership including the right to vote, is limited to recognized non-profit, faith and government entities whose mission is consistent with that of the HSN: to prevent and end homelessness in Charlotte-Mecklenburg. Organizations request membership and are nominated provided they regularly attend meetings and meet their financial obligations to the HSN. A majority vote of the Steering Committee is needed to approve new members. This policy was established to encourage broad-based community representation. As testimony, active membership has increased 86% over the past 3 years.

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

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

Specify "other" process(es):

A slate of officers is proposed to the HSN voting members annually and additional nominations can come from the floor. The bylaws do not specifically stipulate the number of terms members can serve. Officers can be nominated from any of the member organizations, which include private non-profit, faith based and government programs.

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

The current HSN structure includes responsibility for the activities of applying for HUD funding, project review and needed oversight of the application process. HSN does not currently have any staff; it is an all volunteer organization. The HSN has engaged a consultant to assist with a visioning process which could include moving toward a 501C.3 status. If administrative funding were available, the HSN as a 501C.3 would be considered for the functions listed above but would require paid or contracted staffing. The City and the County could also be considered since they are involved with housing have administrative oversight capacity.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

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

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Advocacy Committee	The Advocacy Committee plays a critical role in educating and mobilizing the public about the homeless condition in Charlotte-Mecklenburg. In addition, the Committee plans and implements strategies which inform decision-makers about the needs and priorities of homeless people and service providers in the interests of developing coherent and effective public policy. The Advocacy Committee meets monthly to promote the work of the homeless service providers, the needs of the homeless population and educate the community on the homeless condition.	Monthly or more
Charlotte Mecklenburg Coalition for Housing/10 Year Planning	The City Council and Mecklenburg Board of County Commissioners (BOCC) created this 15-member community-wide coalition. The Coalition will report to the City Council and BOCC annually. The structure and function of the Coalition are based on research conducted by the Lee Institute, a non-profit consulting practice which promotes local public engagement and collaboration. The Coalition meets monthly to oversee implementation of the Ten Year Plan to End and Prevent Homelessness (TYP). A key function of this body is to make recommendations concerning the allocation of resources to implement the Plan's goals. Key members of the Coalition are the City, the County, Charlotte Housing Authority (CHA), HSN, and corporate and academic leaders.	Monthly or more
HMIS - Data Management & Research	The Data Management & Research Committee (DMRC), a committee of 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 Homeless Services Network service providers. In addition, the 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 non-profit agencies, faith-based, community representative, and consumer organizations, service providers, health care, the educational system, and law enforcement. The HSN leads planning for disasters for the homeless such as spear heading plans for a possible flu pandemic in the local shelters or severe weather conditions. The HSN initiated and continues to lead the discussion and collaborations around discharge planning of the homeless from the local hospitals and the jail. HSN, through its membership, coordinates the semi-annual point-in-time count.</p>	<p>Monthly or more</p>
<p>Coordination of Services and Housing</p>	<p>The committee was revitalized during 2009 in response to the challenges of the economic downturn. Clients of homeless agencies were spending more hours in training with fewer jobs at completion. The committee has brought together our Community College, Department of Social Services, Workforce Development Board, Goodwill Industries and other nonprofit providers of job readiness programs. The goal of the committee is to broaden access, coordinate best practices and to advocate for more job openings. The first strategic objective is to streamline information access to front line case managers to better assist their clients. The committee meets bimonthly with action teams meeting more frequently to develop an on line information resource.</p>	<p>Monthly or more</p>

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

N/A

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
City of Charlotte Attorney's Office	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
City of Charlotte Neighborhood and Business Ser...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Relations Committee	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Mecklenburg County Area Mental Health	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mecklenburg County Dept. Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domestic...
Mecklenburg County Community Support Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Do...
Charlotte Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
University North Carolina Charlotte	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Charlotte-Mecklenburg School system	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Charlotte-Mecklenburg Police Department	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Mecklenburg County Sheriffs Office	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Workforce Development Board	Public Sector	Local w...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Carolinas Healthcare	Private Sector	Hospita..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Community Health Services	Private Sector	Hospita..	Attend Consolidated Plan planning meetings during past 12...	NONE
Presbyterian Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE

Shelter Health Services, Inc.	Private Sector	Hospita..	None	NONE
A Childs Place	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Urban Ministries Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Charlotte Emergency Housing	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Charlotte Apartment Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Charlotte Rescue Mission	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Community Link	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Crisis Assistance Ministry	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Center for Community Transitions-formerly Ener...	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Hope Haven	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
House of Grace	Private Sector	Non-pro..	None	Domestic Vio...
Carolinas Care Partnership	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Salvation Army	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Shelter for Battered Women	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
St. Peters Homes	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
United Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Men's Shelter of Charlotte	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Alexander Youth Network	Private Sector	Non-pro..	None	Youth

YWCA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Christ Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Covenant Presbyterian	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Jeremiah Group	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Mecklenburg Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Providence United Methodist	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Crosland	Private Sector	Busi nesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Charlotte/Mecklenburg Housing Partnership	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Bell Data Systems, Inc.	Private Sector	Busi nesses	Committee/Sub-committee/Work Group	NONE
United Way of Central Carolinas	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Charlotte Housing Trust Fund	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Rob Weigle	Individual	Hom eles s	Attend Consolidated Plan planning meetings during past 12...	NONE
The Duke Endowment	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Foundation for the Carolinas	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Council for Children's Rights	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Charlotte Apartment Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Caldwell Memorial Presybterian Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
City of Charlotte Community Planning	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mecklenburg County Dept. of Finance	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Mecklenburg County Health Dept.	Public Sector	Local	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Jacob's Ladder	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Home Aid Charlotte	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Total Care	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
Successions	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Person Centered Partnership	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Urban Ministry Center- Room in the Inn	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Family Promise	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Outreach Church	Private Sector	Faith-b...	None	Substance Abuse
Homeless Support Services	Public Sector	Local	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Time Out Youth	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
CMC ACT Team	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
CMC Crisis Stabilization Unit	Public Sector	Other	None	Seriously Me...
Victory Christian Center	Private Sector	Faith-b...	None	NONE
University Park	Private Sector	Faith-b...	None	NONE
Crisis SyS Mecklenburg Mobile Crisis Team	Public Sector	Other	None	Seriously Me...
Samaritan House	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Jackson Park Transitional Housing	Private Sector	Faith-b...	None	NONE
Freedom House Transitional Housing	Private Sector	Non-pro..	None	Substance Abuse
Florence Crittendon	Private Sector	Non-pro..	None	Youth

Rescue Mission- Rebound- Dove's Nest	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Hoskins Park Transitional Housing	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Substance Abuse
Community Choice Cascade	Private Sector	Faith-b...	None	Substance Abuse
Blessings in the Storm	Private Sector	Faith-b...	None	NONE
ACCESS	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Friendship CDC	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Goodwill of the Southern Piedmont	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Legal Aid of North Carolina, Charlotte	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Legal Services of Southern Piedmont	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Mecklenburg County Parks and Recreation Dept.	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth
NABVETS	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Veterans
Veterans Administration Medical Center	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Veterans
Lutheran Family Services	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Veterans, Se...
Mental Health Association of Central Carolinas	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
The Arc of North Carolina	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Women's Commission	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes..
Homeless to Homes	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Veteran's Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Mecklenburg County Manager's Office	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE

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

Instructions:

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

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

Name of organization or individual: City of Charlotte Attorney's Office

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: City of Charlotte Neighborhood and Business Services

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Community Relations Committee

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Mecklenburg County Area Mental Health

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Mecklenburg County Dept. Social Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Mecklenburg County Community Support Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Utilities Assistance, Legal Assistance, Transportation, Rental Assistance, Employment
(select all that apply)

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

Name of organization or individual: Charlotte Housing Authority

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: University North Carolina Charlotte

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Charlotte-Mecklenburg School system

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Charlotte-Mecklenburg Police Department

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

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

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

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

Does the organization provide direct services to homeless people? No

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

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- Type of organization
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- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mecklenburg County Sheriffs Office

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

**Type of Organization:
(Content depends on "Type of Membership" selection)** Law enforcement/corrections

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Workforce Development Board

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Carolinas Healthcare

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Transportation

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

Instructions:

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

Name of organization or individual: Community Health Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Presbyterian Hospital

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, HIV/AIDS
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: Shelter Health Services, Inc.

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: A Childs Place

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Urban Ministries Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Charlotte Emergency Housing

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Charlotte Apartment Association

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Charlotte Rescue Mission

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Community Link

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Crisis Assistance Ministry

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Center for Community Transitions- formerly Energy Committed to Offenders (ECO)

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Hope Haven

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: House of Grace

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Alcohol/Drug Abuse, HIV/AIDS
(select all that apply)

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

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

Name of organization or individual: Carolinas Care Partnership

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Mental health, Transportation, HIV/AIDS
(select all that apply)

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

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

Name of organization or individual: Salvation Army

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Life Skills, Healthcare, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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

Instructions:

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

Name of organization or individual: Shelter for Battered Women

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: St. Peters Homes

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: United Family Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Men's Shelter of Charlotte

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Alexander Youth Network

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: YWCA

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Christ Episcopal Church

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Covenant Presbyterian

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Jeremiah Group

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Mecklenburg Ministries

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Providence United Methodist

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Crosland

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Charlotte/Mecklenburg Housing Partnership

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Habitat for Humanity

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Bell Data Systems, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: United Way of Central Carolinas

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Charlotte Housing Trust Fund

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Rob Weigle

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: The Duke Endowment

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Foundation for the Carolinas

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Council for Children's Rights

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Charlotte Apartment Association

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Caldwell Memorial Presyberian Church

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: City of Charlotte Community Planning

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Mecklenburg County Dept. of Finance

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Mecklenburg County Health Dept.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Healthcare, HIV/AIDS
(select all that apply)

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

Instructions:

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

Name of organization or individual: Jacob's Ladder

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Home Aid Charlotte

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Total Care

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Transportation, HIV/AIDS
(select all that apply)

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

Instructions:

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

Name of organization or individual: Successions

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Person Centered Partnership

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Urban Ministry Center- Room in the Inn

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Family Promise

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Community Outreach Church

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: Homeless Support Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Transportation
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Time Out Youth

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: CMC ACT Team

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: CMC Crisis Stabilization Unit

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Victory Christian Center

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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

Instructions:

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

Name of organization or individual: University Park

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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

Instructions:

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

Name of organization or individual: Crisis SyS Mecklenburg Mobile Crisis Team

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Mental health, Mobile Clinic
(select all that apply)

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

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

Name of organization or individual: Samaritan House

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Jackson Park Transitional Housing

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Life Skills, Utilities Assistance, Rental Assistance
(select all that apply)

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

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

Name of organization or individual: Freedom House Transitional Housing

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Life Skills, Alcohol/Drug Abuse
(select all that apply)

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

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

Name of organization or individual: Florence Crittendon

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Rescue Mission- Rebound- Dove's Nest

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

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

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

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

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:
(select all that apply)** Life Skills, Alcohol/Drug Abuse, Employment

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

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

Name of organization or individual: Hoskins Park Transitional Housing

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Life Skills, Alcohol/Drug Abuse
(select all that apply)

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

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

Name of organization or individual: Community Choice Cascade

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Child Care, Life Skills, Transportation, Alcohol/Drug Abuse
(select all that apply)

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

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

Name of organization or individual: Blessings in the Storm

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: ACCESS

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Friendship CDC

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Goodwill of the Southern Piedmont

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Legal Aid of North Carolina, Charlotte

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Legal Services of Southern Piedmont

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Mecklenburg County Parks and Recreation Dept.

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: NABVETS

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Veterans Administration Medical Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Healthcare
(select all that apply)

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

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

Name of organization or individual: Lutheran Family Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Mental Health Association of Central Carolinas

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: The Arc of North Carolina

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

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

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Women's Commission

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Homeless to Homes

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Healthcare, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: Veteran's Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Mecklenburg County Manager's Office

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

**Open Solicitation Methods:
(select all that apply)** a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s):
(select all that apply)** b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

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

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

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

N/A

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

ES beds rose from 292 in 2009 to 616 in 2010. All of the beds were for households without children: a difference of 324 beds. There were 4 beds that did not open -the 4 Samaritan beds(funding unsecured). This led to an overall change of 328 beds. The 200 Emergency Winter Shelter beds became year round ES beds; Men's Shelter of Charlotte (MSC) transferred 59 TH beds to ES, and 69 overnight beds to permanent ES. The changes were made by MSC to reduce barriers to shelter and to increase ES beds to respond to increased need and demand.

Safe Haven: Not Applicable

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

Charlotte Mecklenburg CoC has no Safe Haven programs at this time.

Transitional Housing: Yes

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

There was an overall decrease of 105 TH beds. Jackson Park (34 beds) is no longer is a participant with the CoC, and therefore not the HIC. The PIT Coordinator repeatedly attempted to contact them for the last PIT. She was unable to obtain any response. The 59 MSC beds are the beds that were reclassified as ES beds due to changes within the structure of the Men's Shelter and increasing demand for ES beds. The remaining 12 beds were a reduction in beds at Florence Crittendon- due to family configurations at the point in time count.

Permanent Housing: Yes

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

The CoC is working with HUD to make adjustments to the 2009 and 2010 HICs to resolve discrepancies in the S+C numbers. The 2010 HIC has been adjusted to reflect the accurate count; the 2009 numbers in HDX will need to be adjusted. There was an overall increase of 15 beds. The number of beds in households with children decreased by 8 as children in those households turned 18. There was an 23 bed increase in households without children. The Housing Bonus new project accounts for 7 of those beds. Eight of the increased count is the aforementioned children who turned 18. The remaining 8 beds were due to adult children returning home and several marriages and thus the addition of another adult to a household.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

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

Must specify other:

N/A

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Applied statistics, Provider opinion through discussion or survey forms

Specify "other" data types:

N/A

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

The HUD unmet need formula was applied to the PIT count, including data on those who are unsheltered, and Housing Inventory information was used to establish a data base line. Information from HMIS was used to inform the Housing Inventory data and the unmet need discussion. The results of these calculations were then reviewed and discussed by CoC stakeholders. The key stakeholders then came to consensus on any local adjustments that were required to reflect the local need. Information from the 10 Year Plan and past three years of unmet need calculations were incorporated in reviewing and discussing the unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

- Select the HMIS implementation coverage area:** Single CoC
- Select the CoC(s) covered by the HMIS: (select all that apply)** NC-505 - Charlotte/Mecklenburg County CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** No
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** No
- Has the CoC selected an HMIS software product?** Yes
 - If "No" select reason:**
 - If "Yes" list the name of the product:** Client Services Network (CSN)
 - What is the name of the HMIS software company?** Bell Data Systems, Inc.
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 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 resources
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**
N/A
- If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

The CoC committee and the Data Management & Research Committee will continue conducting outreach over the next 12 months to all relevant HSN members who are not participating in HMIS. Agencies will be educated on the benefits of utilizing HMIS to track progress and client service usage. HSN will provide all available encouragement and support to engage non participating agencies in HMIS utilization. It is difficult to gain participation among the smaller programs as the cost and time demands on staff are especially acute in these programs. The smaller programs do not generally have sufficient time or resources to pay for the program or to spend the time needed to enter data into the system. The Data Committee and the CoC Committee will discuss possible solutions to these barriers. The HSN 10 Year Strategic Planning Group is exploring options for sharing staff between agencies to provide data entry support to smaller non HUD funded agencies.

2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Hope Haven, Inc

Street Address 1 3815 N. Tryon

Street Address 2

City Charlotte

State North Carolina

Zip Code 28206

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Mr.
First Name Rohan
Middle Name/Initial
Last Name Gibbs
Suffix
Telephone Number: 704-372-8809
(Format: 123-456-7890)
Extension
Fax Number: 704-376-0113
(Format: 123-456-7890)
E-mail Address: rgibbs@hopehaveninc.org
Confirm E-mail Address: rgibbs@hopehaveninc.org

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

Instructions:

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

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

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

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

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	51-64%
* Permanent Housing (PH) Beds	86%+

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

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

The Charlotte Mecklenburg CoC transitional bed coverage in HMIS increased this year from 53% last year to 55% this year. One of our largest providers is expanding and expected to begin receiving federal support for this expansion. This will require their participation in HMIS. Additionally, we expect to increase the percentage of HMIS covered beds through increased usage by existing HSN member programs who are not currently entering data into the HMIS system. Emergency Shelter bed coverage is 97%; an increase from 90% last year and Permanent Bed coverage is 100%.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	4%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	0%

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

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

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

Bi-Monthly aggregate data review by agency; semi-annual review prior to PIT; weekly and monthly review of QC reports by agency. Fields are set as required. Agencies offer on-line assistance and train their end users in order to improve data quality.

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

Dates are validated upon entry and dates are required to save record. The system contains protocols to prevent data errors through error messaging.

Indicate which reports the CoC or subset of the CoC submitted usable data: 2009 AHAR
(Select all that apply)

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

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? Yes

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

Instructions:

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

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

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

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

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

Integrating or warehousing data to generate unduplicated counts:	At least 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

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

Instructions:

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

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

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

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

* Unique user name and password	At least 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? At least Semi-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' indicate date of last review or update by CoC: 06/01/2009

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

* Privacy/Ethics training	At least 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

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/26/2011

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

Emergency Shelter: 100%
Transitional Housing: 0-69%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The CoC was able to reduce the number of unsheltered households with children to zero. There was an increase in the number of homeless from 2,481 in 2009 to 2,824 in 2010; an increase of 343. 151 of these were individuals in households with children and 192 were individual adults who were unsheltered. The CoC increased its coordination with the Charlotte-Mecklenburg Police Department (CMPD) reports on the known homeless camps and streets in each police district. CMPD provides more detailed information on where the camps are located, which partially accounts for the reported increase in the number of homeless. It is believed that people are coming into the city to try and find employment and services not available in rural communities. Due to an increase in the general population, homeless single and family households have experienced a proportionate increase.

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

Instructions:

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

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

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

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

If Other, specify:

N/A

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

HSN appoints one PIT Coordinator who is in charge of ensuring data quality and accuracy in collaboration with the shelters. The PIT Coordinator has a point of contact with each facility; the Coordinator ensures that the contact understands the purpose of the PIT, the data and the sub population information that is needed. The HMIS Point-in-Time Report aggregates client data for all HMIS participant agencies, which is then sent to the agency for validation before it is released. The PIT Coordinator then enters the correct numbers manually in the HMIS PIT reports screen for each shelter; a cumulative report is then run electronically. For non-HMIS participants, the process is much the same, except that a blank PIT template is sent to the PIT contact person at each shelter for completion. The non-HMIS shelters are consulted by the PIT Coordinator as to what is expected in way of data and is available for clarification. The PIT Coordinator enters these individual reports into the HMIS. This results in accurate aggregate data. Duplication errors are minimal, if any, because only those residents occupying a bed on the PIT count night are counted. The PIT Coordinator consults with any individual agency to clarify if there are any questions.

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

Instructions:

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

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

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

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

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

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

If Other, specify:

N/A

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

The methods employed by the CoC to collect subpopulation data do not differ from methods employed to collect homeless data. Subpopulation data needs and definitions are explained to all facility contacts who do not utilize the HMIS system. Each contact person collects the data and submits it to the PIT Coordinator who reviews the data and calls or visits any sites where there are questions on the population or subpopulation counts. That data are then manually entered into the HMIS system and an electronic report is generated. The report is reviewed by both the PIT Coordinator and the agency contact to ensure accuracy.

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

Instructions:

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

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

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

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

If Other, specify:

N/A

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).

Entries from non HMIS providers (ie Domestic Violence shelters or those agencies not participating in HMIS) were reviewed by hand to ensure that there was no duplication.

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

Instructions:

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

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

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

N/A

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

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

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

If Other, specify:

We use a combined approach--known locations and city wide--with help of Charlotte Mecklenburg Police Department. We also interview persons in soup kitchen line to gauge where they slept the night before.

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

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

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Charlotte/Mecklenburg CoC members participated in HUD training and in NC state wide follow up training on utilizing the HMIS system in conducting an unduplicated count of unsheltered persons.

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

Organizers assigned enumeration teams to specific geographic areas and ensured that the boundaries for each team were clear with maps and verbal or written instructions.

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):

The CoC increased collaboration with the Charlotte/Mecklenburg school system to identify and serve homeless households with children. The participation of the McKinney Vento School Liaison in the CoC has been a critical link. The C/M CoC was able to reduce the number of unsheltered homeless families to zero in this year. The Salvation Army prioritizes homeless households with children when the shelter is full. Family Promise, a network of 13 churches, provides shelter and support to homeless families. The Homeless Support Services outreach worker is a critical liaison among homeless families, the school system and service providers working to help families access services and permanent housing. United Way's 211 maintains a current database of housing and services for homeless households with children.

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):

Charlotte-Mecklenburg has a Program to Assist in Transition from Homelessness (PATH), which is funded by SAMHSA. PATH uses a dedicated full-time outreach worker to engage individuals with severe mental illness and link them to mainstream services. The Homeless Support Services staff stationed at the Uptown Shelter do periodic outreach to the camps and soup kitchens. Additionally, the county is opening a homeless resource center that will include 2.5 FTE social worker/homeless outreach staff who will reach out to street homeless where they are and assist them in becoming housing prepared. The 2010 Veterans Stand Down provided assistance to 201 military veterans and 15 non-veterans who are homeless. On March 12, 2010, two divisions of the Mecklenburg County Community Support Services (CSS) department hosted the gathering which provided an opportunity for one-stop access to community providers offering medical, employment, housing and social services. The CSS Veterans Services Office and its Homeless Support Services divisions sponsored the event at the Grady Cole Center in Charlotte, with help from other County departments, area businesses, and community agencies. Two hot meals, clothing and personal care items were provided, too. Fifty vendors and service providers, along with 143 volunteers, helped make the day possible.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

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

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

Included in this submission is a new Housing Bonus application, to create 5 new PSH beds to serve those who are CH. Additionally, as any beds become vacant within the current S+C inventory, CH persons will be prioritized. We expect to house an additional 4 CH persons through S+C attrition. Moore Place is an 85 unit facility scheduled to start construction in 2010 and be available for residency by the end of 2011. All units will exclusively serve the CH. This program will be based on the Housing First model. McCreesh Place will have 11 units (40% of the expansion) that will serve the CH. The newly appointed C/M Coalition for Housing is responsible for implementation of the Ten Year Plan (TYP). The current TYP calls for 500 supportive housing units for the CH. The Coalition supports Moore Place to jump start this goal. Based on that success and measured savings in hospital, jail and other costs, the Coalition will advocate in 2011-12 for the next phase toward the goal of 500 units.

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

The C/M TYP calls for 500 permanent supportive housing units for the CH. McCreesh Place is planning on adding beds for the CH as well as beds added to the S+C projects. Moore Place, run by Urban Ministries, will have an 30 additional beds within the next 10 years. The Coalition for Housing will use the early documented success of these projects to build community support for expanding housing for the chronically homeless through recommendations to the City Council and Board of County Commissioners. There will be increased focus on developing new funding streams, greater outreach, effective collaborative supportive services for this population.

How many permanent housing beds do you currently have in place for chronically homeless persons? 141

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 162

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 222

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 252

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

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

Instructions:

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

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

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

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

The CoC has consistently met and exceeded this HUD goal. The CoC plans to continue to link participants to mental health, substance abuse, healthcare, financial counseling, life skills and parenting assistance. The CoC will ensure that program participants are linked with community providers for these services so that participants are referred to best practice programs such as Psychosocial Rehabilitation and Assertive Community Treatment. The C/M Department of Social Services (DSS), in collaboration with the CoC is working to identify additional funding streams to support services. DSS has social workers co-located at HSN agencies throughout the community to provide on site immediate services. The new Housing Coalition supports this goal subject to best use of available resources. State cuts to the Mental Health (MH) budget threaten progress with this goal. The Coalition will consider opposing MH cuts which jeopardize the housing and community support for homeless mentally ill.

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

The CoC is currently working diligently to ensure that adequate safeguards are in place to address the impact of state budget cuts mentioned above. The Housing Coalition plans to seek and advocate for new sources of short and long term subsidies for moving into and sustaining housing. The key objectives are sustained subsidy for those who require it and accessible case management services to assist when a housing placement is threatened. Measurements of success will be used to educate our community and build an economic and humanitarian case for expanding these services. Timely access to SSI and SSDI for disabled homeless is supported through improved training and client tracking.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 95

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? 95

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

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

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

Instructions:

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

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

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

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

Project HOPE aims to pilot best practices and increase collaboration among homeless providers. The program houses 91 individuals and families. Project Hope received \$1,930,217 in HPRP funding. A partnership is evolving between Charlotte Housing Authority (CHA) and Salvation Army, to provide 60 new transitional units. The scarcity of affordable permanent housing and adequate employment are the main barriers to attaining and sustaining permanent housing. The CoC coordinates with the HSN TYP committee, DSS, the Workforce Development Board, and the Housing Coalition, to leverage resources needed to address these barriers. The Housing Coalition is receiving briefings and strategy sessions to consider the housing challenge and to develop a balanced system of affordable housing options while seeking sustainable mainstream funding. The 12 month objective is to document the success of current housing options and build the case for greater public and private support to expand these resources.

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).

In addition to increasing the number of permanent housing beds and units available for those who are in transitional housing in the Charlotte Mecklenburg area, the CoC plans to work with its member agencies to increase training for case managers to ensure that more accurate reporting on housing status at departure and six month follow up is maintained and reported. The CoC created a formal committee - Coordination of Services and Housing to address these issues. This committee is meeting every other week in an effort to focus attention and develop comprehensive achievable plans. The Housing Coalition is being briefed on the need to balance increased housing resources for the homeless with a more effective community based case management system to help sustain successful housing tenancy. Over the next two plus years they will be developing recommendations for the City, County, and private sector to increase this capacity with emphasis on subsidized housing and supportive services.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 61
- 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

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

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

Instructions:

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

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

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

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

HSN recognizes the challenges in this economy. As job seekers with higher training levels have moved into entry level positions HSN clients have struggled. Despite this challenge, the CoC missed its 30% employment upon exit by less than 1% (29.25% rather than 30%). The Salvation Army and DSS work collaboratively to move TANF participants into employment. They ensure that all training opportunities are utilized through increased access to job opportunities and employment vouchers. Additionally, Urban Ministry Center is collaborating with Vocational Rehabilitation and Good Will to have their staff on site at least monthly to enroll clients in to employment related services. The Housing Coalition is aware of the need for increased collaboration and information sharing and that employment is key to sustaining permanent housing. CoC programs do a good job preparing participants and improvements in the local economy will provide additional employment opportunities over the next 12 months.

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

The HSN Income and Employment Committee will spearhead increasing collaboration with employment services and skills training programs to develop a continuum of employment services for homeless individuals. The Homeless Services Network will continue to work with Jacob's Ladder, Goodwill Industries, DSS, Workforce Development and the Community Colleges to increase efficiencies in providing access to job search and skill development opportunities for the homeless population. The Housing Coalition will consider a specific collaborative plan to improve employment options for the formerly homeless currently placed in housing. An improvement in the local economy and unemployment rate are necessary to provide unskilled employment opportunities and the Coalition is expected to serve in an advocacy capacity. The combination of client readiness and employment opportunities are expected to show marked improvement over the next several years.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 29
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 35
- 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

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

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

Instructions:

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

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

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

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

The CoC, in partnership with the public schools, will ensure that homeless families are identified and linked with appropriate services and supports. Additionally, the HSN COSH committee is prioritizing resources for homeless families with children. The Housing Coalition will convene key community leaders and stakeholders to address this critical need. The forecasted numbers are conservative to reflect economic conditions and expected loss of HPRP funding. The CoC will continue to move families from ES to TH while working with the CHA to increase the permanent housing options for families. The Coalition is seeking to create greater awareness of this issue in order to garner short and long term public support for services that effectively end family homelessness. C/M Schools will regularly participate in this planning as they have documented increased numbers of McV eligible homeless children and have a commitment to resolve their homelessness to improve their success at school.

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

The Salvation Army works with the Charlotte Housing Authority to expand opportunities to provide additional housing units for homeless households with children. This partnership will pilot a 60 unit project to address the permanent housing needs of homeless households with children with wrap around services. The Hampton Court project will allow families to remain in the community when they transition into permanent housing. These collaborative projects are being studied for replication. The Coalition is expected to prioritize this issue and build community support for programs that end family homelessness affecting children.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 243

In 12-months, what will be the total number of homeless households with children? 240

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

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

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

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

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

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

Foster Care (Youth Aging Out):

The CoC collaborates with DSS, Alexander Youth Network and faith-based organizations as well as local non-profit agencies who serve the aging out foster care population, about 50-55 foster youth each year turning 18, and at risk of homelessness. The On-Ramp program, a part of MeckCARES, acts as a resource center to assist young people in making the transition to adulthood. Seven transitional housing beds have been funded. The collaborative partners continue to seek additional resources to support youth in transition. The Fostering Connections Act of 2008 requires a social worker to assist children aging out of foster care in developing an individualized transition plan with specific options for housing, employment and self-sufficiency. DSS follows the NC LINKS program best practices model and develops an Emancipation Plan within 90 days of aging out for the youth. The Plan addresses housing, education, employment and other community resource needs for all Foster Care youth beginning at age 16. The On-Ramp program is consistent with the CoC criteria that no person be discharged from foster care into McKinney-Vento housing programs for the homeless that does not meet HUD's definition of eligible homeless persons.

Health Care:

A protocol was signed that identified appropriate services and options for permanent housing for persons. A recent MOU between CoC and Presbyterian Hospital identifies strategies for persons being discharged from the hospital. Presbyterian’s policy conforms to the CoC requirement that that no persons be discharged into McKinney-Vento housing unless they meet HUD’s definition of eligibility. Hospital discharge planning staff will communicate with CoC members prior to discharge in order to identify appropriate housing and service options. Hospital social workers are encouraged to participate in regional CoC meetings and SOAR trainings. Hospital discharge staff will work with CoC members to improve access to disability income for homeless people who are frequently accessing hospital services. Carolinas HealthCare officials are invited to join the discharge planning team. They have extensive discharge planning but are not yet officially linked to the CoC. The hospital participates in the Point in Time homeless count. Samaritan House is a respite facility for homeless persons being discharged from the hospital. This facility decreases the number of persons discharged from the hospital to the streets. The stakeholders are Samaritan House, the hospitals and the Homeless Support Services Network.

Mental Health:

The Charlotte Mecklenburg- NC 505 CoC, NC Interagency Council for Coordinating Homeless Programs (ICCHP), NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services have worked together to refine and implement protocols related to discharge of homeless people from state mental health hospitals and substance abuse treatment facilities. These protocols have been finalized in MOUs that are signed by each hospital, treatment program, and the CoC. The Charlotte Mecklenburg CoC has signed MOUs with Broughton Hospital, J. Iverson Riddle Developmental Center and Black Mountain Neuro-Medical Treatment Center. These protocols have been recently updated in MOUs that are signed by each hospital, treatment program, and the CoC. The MOUs ensure that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. Area Mental Health has two discharge coordinators who focus on assuring that appropriate plans are in place for any individual coming out of a psychiatric facility. Monarch has a transitional housing program for persons who are being discharged from state and local mental health facilities called Friendship Flight with 38 beds. Collaborating agencies and stakeholders include Mecklenburg County Area Mental Health, Monarch and state mental health facilities.

Corrections:

The CoC's updated collaborative MOU confirms that the Mecklenburg County Sheriff's Office (MCSO) acknowledges the HUD requirement that no homeless person be discharged from jail into a McKinney Vento funded facility unless they meet HUD's definition of eligible homeless persons. The MCSO agrees to work with the CoC in meeting this requirement. The Jail will endeavor to ensure that all those who are discharged from the Jail in need of housing or homeless services will be provided with appropriate contact information. Jail personnel will encourage such individuals to use these services. MCSO has a NC Governor's Crime Commission grant in collaboration with the Center for Community Transitions and Hope Haven (an applicant in this proposal). Hope Haven has six beds that are prioritized for the homeless leaving the jail. A reentry team has been established to work collaboratively with community partners to provide supportive transition services for inmates while incarcerated and post release in the community. The homeless population has been prioritized for reentry team focus. Area Mental Health has instituted a program called Recovery Solutions targeted at persons within the justice system who are mentally ill. One component of that program consists of 30 transitional housing beds. The collaborating partners and stakeholders are the Jail, MCSO, Mecklenburg County Area Mental Health, Center for Community Transitions and Monarch and Hope Haven.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

The Charlotte/Mecklenburg Consolidated Plan is the basis for the community driven 10 Year Plan. The Consolidated Plan specifically sets as a goal: Increase the supply of and access to decent affordable housing for the community's lowest income households, including households with special needs. The Plan targets extremely low- and low-income renter households, including elderly households, small households and large households with cost burdens, severe cost burdens and substandard conditions. The Plan calls for the use of CDBG, HOME and other public funds between 2011 and 2015 to address these priorities. Some of the action steps under the Plan are to: build a new SRO and plan others; explore Housing First model and build demonstration project (in process); expand # of S+C Units; set aside additional public housing units for special needs population; and explore new supportive housing options.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

In 2009, The City of Charlotte (grantee) received \$1,930,217 in Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds to assist at risk and homeless households in Charlotte-Mecklenburg. CoC/HSN member agencies continue to actively work with the HPRP, which supports two kinds of related activities: (1) prevention for at risk households; and, (2) rapid re-housing (Project Hope) for those currently homeless. When prevention services are needed, agency staff refer households to Crisis Assistance Ministry, a local non-profit that provides emergency financial support and other supports for at risk households. Project Hope assistance is accessed through agencies that meet on a regular basis to discuss households that may be in need of rapid re-housing. As stated above, Project HOPE (HPRP Rapid Re-housing Program) is a community-owned project, in which interagency collaboration is considered a critical component of its operating philosophy.

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

The CoC has identified a number of special needs housing developers that can assist in the acquisition and rehabilitation of scattered site housing locations utilizing NSP funds. The CHA received \$2.1 million in NSP funds. In addition the CoC stakeholders are communicating with the Charlotte Housing Authority (CHA) and Builders of Hope to coordinate referrals for multi-family sites acquired through the Neighborhood Stabilization Program. Three sites have been identified: 1) a 104-unit development that was recently approved for funding and will primarily house seniors and provide rental subsidies from CHA; 2) a 23 unit development which will offer opportunities to house applicants assisted through the HPRP program, and, 3) a 239 unit development that the Charlotte Housing Authority is developing in collaboration with the Sisters of Mercy who will coordinate supportive services. The CoC will continue to work with the City of Charlotte to explore development opportunities using the NSP funding and hopefully the NSP2 funds that the City of Charlotte has applied for with the State of North Carolina. Charlotte is also the recipient of 85 VASH vouchers, for a total award of \$439,982. The VA is working with the local Veterans Services office, the Charlotte Housing Authority and the CoC to coordinate referrals and supports for eligible applicants. The C/M community received \$1,887,309 in housing related ARRA funds: for TH for DV survivors, Jobs Training and services for homeless children.

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? No

If yes, please describe the established policies that are in currently in place.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

Community efforts to identify and connect homeless students with services date back to 1989 with the start of A Child's Place (ACP), a local non-profit and CoC member. In partnership with Charlotte Mecklenburg Schools (CMS), ACP identifies McK-V children, and provides wrap-around services to improve school attendance for homeless children and their readiness to learn. Once a McK-V student is identified, CMS provides him or her free food service and transportation within 1-2 days of registration. Although McK-V requires school systems to have one liaison systemwide, CMS has a liaison in every one of its 178 schools. CMS and ACP train each liaison on McK-V legislation related to student identification and coordination of services. All students registered with ACP are assigned a Master's-level social worker. Several agencies in the Network/CoC work closely with families and children and our practice is to improve access to all needed services for this population. Key agencies include A Child's Place, Salvation Army, Charlotte Emergency Housing, DSS, Area Mental Health, Community Support Services, the Housing Authority, certain faith based members and Mecklenburg Park and Recreation.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

All CoC agencies, with the exception of S+C, work closely with homeless children and their families to address their physical, social, emotional and basic needs of children, all of which contribute to their readiness to learn. Examples include:

- Salvation Army, Charlotte Emergency Housing, Charlotte Housing Authority, Family Promise, Hope Haven and United Family Services;
- Battered Women's Shelter provides emergency shelter, food and case management services to our families
- Jacob's Ladder, Crisis Assistance Ministries, Mecklenburg County Departments of Area Mental Health, Social Services, Community Support Services and Park and Recreation provide additional services to our families with children.
- A Child's Place works daily with CMS and other agencies to advocate for and address the educational, social, emotional and other needs of homeless children.

Regular communication between agencies and CMS ensures the provision of services for children and their families without duplication.

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

The CoC uses the following strategies to address the needs of homeless vets:

- An annual Stand Down is held to provide hope, help and services. The 2010 Veterans Stand Down provided assistance to 201 homeless veterans.
- The Salisbury VA Medical Center (SVAMC) Homeless Program has an Outreach Worker who identifies homeless veterans and connects them with supports to gain housing and stability.
- The SVAMC expedites health benefits for homeless veterans which increases their ability to become stable and obtain housing.
- The SVAMC Housing Program maintains a part-time case manager at Mecklenburg County Community Support Services, Veterans Services Office to assist homeless veterans in applying for mainstream benefits from the Veterans Administration.
- Family Forum provides 32 transitional housing beds at Charlottetown Manor, in addition to counseling and job search assistance and other supports.
- The Grady Parker Foundation recently received a capital grant to support 50 additional transitional housing beds, which will be occupied within a year.
- Life Enhancement Services provides 30 contracted emergency beds for homeless veterans.
- There are 85 VASH vouchers available for homeless veterans in Charlotte, through a partnership between the Charlotte Housing Authority and the VA.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

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

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

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

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? No

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

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

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

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	135	Beds	141	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	88	%	95	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	64	%	60	%
Increase percentage of homeless persons employed at exit to at least 20%	30	%	29	%
Decrease the number of homeless households with children.	136	Households	243	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

The economic downturn in 2008 and 2009 severely impacted Charlotte/Mecklenburg County. The number of jobs available decreased in line with historically high unemployment. The unemployment rate exceeded the national rate by more than 2%. Families, homeless and near-homeless people were most affected. In Mecklenburg County new applications for Food and Nutrition Services increased by 56.63% in 2009 and an additional 6.26% in 2010. Over the same time period applications for Medicaid increased by 12% and an additional 2.63% in 2010. Despite the increase in demands for assistance, it is remarkable to note the high percentage of those leaving programs that attained employment, amongst a group of traditionally difficult to employ persons. Still, the number of homeless families increased due to (1) the economic environment; and, (2) increased outreach and liaison with the educational system. On the other hand, improved coordination with the school system has served to identify and connect more families to needed services. The limited supply of affordable housing for low-income families has made it impossible for many families to move from transitional to permanent housing. Several projects coming on-line in the next 24 months, such as Moore Place and Hampton Court, are expected to help reduce this barrier.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

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

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	222	81
2009	374	127
2010	307	164

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 37

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

Cost Type	HUD McKinney- Vento	Other Federal	State	Local	Private
Development					
Operations					
Total	\$0	\$0	\$0	\$0	\$0

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

The HUD Housing Bonus funding created 6 new Shelter + Care beds. This funding was used for tenant based rental assistance. The additional 31 beds were Shelter + Care beds that were converted to designation for the chronically homeless as they became vacant through attrition.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The *Total PH %* will be auto-calculated after selecting *Save*. Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	55
b. Number of participants who did not leave the project(s)	407
c. Number of participants who exited after staying 6 months or longer	54
d. Number of participants who did not exit after staying 6 months or longer	384
e. Number of participants who did not exit and were enrolled for less than 6 months	23
TOTAL PH (%)	95

Instructions:

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

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	400
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	238
TOTAL TH (%)	60

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

Instructions:

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

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

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

Total Number of Exiting Adults: 1,506

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	177	12	%
SSDI	123	8	%
Social Security	12	1	%
General Public Assistance	0	0	%
TANF	78	5	%
SCHIP	7	0	%
Veterans Benefits	11	1	%
Employment Income	433	29	%
Unemployment Benefits	46	3	%
Veterans Health Care	4	0	%
Medicaid	119	8	%
Food Stamps	541	36	%
Other (Please specify below)	0	0	%
No Financial Resources	409	27	%

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

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

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

Instructions:

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

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

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

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

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

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

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

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

The CoC Working Group reviews APRs annually and regularly discusses recommended strategies to improve access to mainstream programs.

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.

Regularly exchange information, mainstream program modifications and availability at CoC meetings which meet monthly on the second Wednesday of every month from 2PM to 4PM. These meetings often include representatives from mainstream programs who present to CoC members on participation in mainstream services. This method ensures that the largest number of programs receive accurate and up to date information.

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. annually (every year)

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

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

Has the CoC participated in SOAR training? Yes

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

SOAR Trainings: CoC participated in SOAR trainings in December 2009, and April and May 2010. The NC Coalition to End Homelessness has partnered with other NC communities to develop and implement effective SOAR programs through training and criteria-setting. The CoC has convened a SOAR team that meets monthly for planning and oversight. A SOAR practitioners group also meets to share information about how to obtain successful disability applications that assist homeless clients. 53 CoC members have been trained to assist clients with SSI/SSDI applications. The CoC intends to expand SOAR training in the coming year as part of its TYP.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Information is captured at intake to assess client eligibility for mainstream benefits and reassessed at all meetings with case workers.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	85%
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%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Routine evaluation of progress towards goals for self sufficiency and periodic verification of income and benefits received. Data entered into HMIS, including benefit renewal dates.	

Continuum of Care (CoC) Project Listing

Instructions:

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Phase IV Permanen. ..	2010-11-12 18:41:...	1 Year	Hope Haven Inc	52,867	Renewal Project	SHP	PH	F
Family Jump Start...	2010-11-12 17:26:...	1 Year	Communit y Link, P...	234,983	Renewal Project	SHP	TH	F
ACCESS Dual Diagn...	2010-11-10 17:27:...	1 Year	Mecklenbu rg Count...	44,363	Renewal Project	SHP	SSO	F
SATH	2010-11-13 11:52:...	1 Year	Salvation Army	226,646	Renewal Project	SHP	TH	F
Vocational Traini...	2010-11-12 11:32:...	1 Year	Hope Haven Inc	53,980	Renewal Project	SHP	SSO	F
McCreesh Place 2010	2010-11-11 12:55:...	1 Year	St. Peter's Homes...	33,333	Renewal Project	SHP	PH	F
SPC Renewal B-10	2010-11-11 17:23:...	1 Year	Mecklenbu rg Count...	290,544	Renewal Project	S+C	TRA	U
Homeless Support ...	2010-10-24 16:28:...	1 Year	Mecklenbu rg County	145,136	Renewal Project	SHP	SSO	F
STRETCH	2010-11-13 11:59:...	1 Year	Salvation Army	87,499	Renewal Project	SHP	TH	F
ACCESS Support Se...	2010-11-10 17:17:...	1 Year	Mecklenbu rg Count...	316,764	Renewal Project	SHP	SSO	F
Assessme nt and Su...	2010-11-12 16:48:...	1 Year	Communit y Link, P...	224,682	Renewal Project	SHP	TH	F
Homeless to Homes	2010-11-15 10:57:...	3 Years	Charlotte Center ...	150,060	New Project	SHP	PH	P1

THREADS HMIS FY2010	2010-11-15 09:32:...	1 Year	Hope Haven Inc	63,000	Renewal Project	SHP	HMIS	F
SPC Renewal A-10	2010-11-11 17:16:...	1 Year	Mecklenbu rg Count...	1,392,864	Renewal Project	S+C	TRA	U
Transitiona l Hous...	2010-11-12 11:37:...	1 Year	Hope Haven Inc	383,500	Renewal Project	SHP	TH	F

Budget Summary

FPRN	\$1,866,753
Permanent Housing Bonus	\$150,060
SPC Renewal	\$1,683,408
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Nc-505 Certificat...	11/06/2010

Attachment Details

Document Description: Nc-505 Certificate of Consistency with the Con
Plan and Projects Lst