

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

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

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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-502 - Durham City & County CoC

CoC Lead Agency Name: Durham Affordable Housing Coalition

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: Durham Ten Year Plan to End Homelessness Executive team

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 50%

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

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

Specify "other" process(es):

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

Several members of the Durham Ten Year Plan represent government agencies and departments that are appointed. Membership is comprised of community volunteers, two homeless service providers, two formerly homeless, two elected officials, three private business representatives and three educational leaders. The Mayor Pro Tem of the City of Durham is the current chair. The composition of the team is intended to reflect the private-public partnership of the Plan and to include leaders of agencies and institutions that have vital roles to play in helping to end homelessness. The Durham TYP Executive Team meets in Durham City Hall monthly and the meetings are open to the public.

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

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

Specify "other" process(es):

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):

Yes, the Ten Year Plan has designated Durham Affordable Housing Coalition to be lead agency for the Continuum of Care, and to oversee the application process for the 2010 Year. DAHC is a current HMIS grantee for the Durham CoC. DAHC has been a part of the Continuum of Care process since 1994 and has experience in providing these services, however moving forward the new lead agency will be the City of Durham. The City has the capacity to apply, administer, oversee and monitor HUD funded activities. And currently administers CDBG, HOME, and ESG funding.

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
System of Care-Housing	Housing referrals and inventory for Permanent Supportive Housing and Supportive Housing Units	Monthly or more
Council to End Homelessness	Networking for service providers, regular monitoring of HMIS participation.	Monthly or more
Income Team	Develops strategies and to create employment opportunities for the homeless.	Monthly or more
Executive Team	Oversight body that approves funding allocations and funding priorities.	Monthly or more
Prevention Team	Develop prevention strategies and oversee HPRP implementation	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
City of Durham	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Durham County	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Durham County Department of Social Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Subst...
The Durham Center	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Durham Criminal Justice Resource Center	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Durham County Health Department	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Youth, HIV/AIDS
Durham County Emergency Management Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, None	NONE
Durham Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Su...
Duke University	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Durham Public Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Durham Technical Community College	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
N C Central University	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Durham County Sheriff's Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Durham Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Durham Office of Economic and Employment Dev.	Public Sector	Local w...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Youth

NC Dept of Health & Human Services - OFFICE OF ...	Public Sector	Stat e g...	None	Seriousl y Me...
NC Department of Vocational Rehabilitation	Public Sector	Stat e g...	None	Veteran s, HI...
North Carolina Courts	Public Sector	Law enf...	None	NONE
Healing with CAARE Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s, HI...
Durham Regional Financial Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Durham Affordable Housing Coalition	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Durham Crisis Response Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
Genesis Home	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
Good Work, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Housing for New Hope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Durham Interfaith Hospitality Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
JRUTH. Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Next Step Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
The ARC of NC	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Builders of Hope, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
TROSA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s, Su...
Urban Ministries of Durham	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE

Women in Action	Private Sector	Non-pro..	None	Domesti c Vio...
Durham Congregations in Action	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Durham Rescue Mission	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, C...	Domesti c Vio...
Immaculate Conception Catholic Church	Private Sector	Faith -b...	None	NONE
First Presbyterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Masjid Ibad Ar-Rahman, Inc.	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Nehemiah Christian Center	Private Sector	Faith -b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
St. Philips Episcopal Church	Private Sector	Faith -b...	None	NONE
Westminster Presbyterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
North Carolina Coalition to End Homelessness	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	NONE
Downtown Durham, Inc	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
El Centro Hispano	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Sun Trust Bank	Private Sector	Busi ness es	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Latino Community Credit Union	Private Sector	Busi ness es	None	NONE
Measurement Inc.	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
C. T. Wilson Construction Company	Private Sector	Busi ness es	Primary Decision Making Group	NONE
Community Health Duke Univ. Med. Ctr.	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lincoln Community Health Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
V.A. Medical Center-Durham	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s, Su...
Lynn Holloway	Individual	For merl. ..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

Michael Kelly	Individual	For merl. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Sam Whitted	Individual	For merl. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Sam Fisher	Individual	For merl. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Jaqueline Bostick	Individual	For merl. ..	Committee/Sub-committee/Work Group	NONE
United Way of the Greater Triangle	Private Sector	Fun der ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
American Institute of Certified Public Accountants	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Durham Bulls Athletic Park	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
CASA	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Parker's House	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Step Up Ministry	Private Sector	Faith -b...	None	Veteran s
Open Table Ministry	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Seriousl y Me...
Freedom House	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substan ce Abuse
World Overcomers Christian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
City Department of Community Development	Public Sector	Loca l g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Legal Aid of NC, Durham office	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Robert Appleby	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Durham Area Transit Authority	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Durham Economic Resource Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
Center for Community Self-Help	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE

Resources for Human Development	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Triangle Community Foundation	Private Sector	Funder...	None	NONE
Volunteers of America Carolinas	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Lutheran Family Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth
Stephen Hopkins	Individual	Formerl..	Committee/Sub-committee/Work Group	NONE
Turning Corners Alliance	Private Sector	Non-pro..	None	Domestic Vio...

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 Durham

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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- Services provided, if applicable

Name of organization or individual: Durham County

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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 - Services provided, if applicable

Name of organization or individual: Durham County Department of Social Services

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

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

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

Subpopulation(s) represented by the organization: Youth, 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, Rental Assistance
(select all that apply)

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

Name of organization or individual: The Durham Center

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

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

Role(s) of the organization: Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(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, Street Outreach, Education, Case Management, Life Skills, Utilities Assistance, Mental health, Mobile Clinic, Alcohol/Drug Abuse, Rental Assistance

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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: Durham Criminal Justice Resource Center

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

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

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

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: (select all that apply) Education, Case Management, Life Skills, Utilities Assistance, Prescription Assistance, Transportation, Alcohol/Drug Abuse, 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: Durham County Health Department

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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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: Durham County Emergency Management 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, 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? No

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

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- 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: Durham 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: Primary Decision Making Group, 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: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Duke University

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

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

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

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

Does the organization provide direct services to homeless people? 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: Durham Public Schools

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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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: Durham Technical Community College

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education
(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: N C Central University

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(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: Durham County Sheriff's 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: 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.
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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: Durham 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: 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

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- Services provided, if applicable

Name of organization or individual: Durham Office of Economic and Employment Dev.

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, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Youth
(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)

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- Services provided, if applicable

Name of organization or individual: NC Dept of Health & Human Services - OFFICE OF THE SECRETARY

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

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

Role(s) of the organization: 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? No

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

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

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

Name of organization or individual: NC Department of Vocational Rehabilitation

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

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

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

Subpopulation(s) represented by the organization: Veterans, 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, 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: North Carolina Courts

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: 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: Law Enforcement, Legal Assistance, 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: Healing with CAARE Inc

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: Veterans, HIV/AIDS
(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, Transportation, HIV/AIDS, Alcohol/Drug Abuse, Rental Assistance, Soup Kitchen/Food Pantry, Street Outreach, Life Skills, Prescription Assistance, Healthcare, Mental health, Mobile Clinic

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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: Durham Regional Financial Center

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: 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, Life Skills
(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: Durham Affordable Housing Coalition

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, 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
(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)

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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: Durham Crisis Response Center

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: 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, Legal Assistance
(select all that apply)

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

Name of organization or individual: Genesis Home

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, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Transportation
(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: Good Work, Inc

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
(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:
(select all that apply)** Not Applicable

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: Housing for New Hope

**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:
(select all that apply)** 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, 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, Street Outreach, Case Management, Utilities Assistance, Life Skills, Prescription Assistance, Mental health, Transportation, Alcohol/Drug Abuse, 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: Durham Interfaith Hospitality 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: 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, Case Management, Child Care, Life Skills, Transportation
(select all that apply)

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- 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: JRUTH. Inc

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, Education, Case Management, Life Skills, Rental Assistance
(select all that apply)

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

Name of organization or individual: Next Step Housing

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

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

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend 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
(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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- 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 NC

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, Case Management, Life Skills, Rental Assistance, Employment
(select all that apply)

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- 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: Builders of Hope, Inc.

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 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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- 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: 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? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Rental Assistance, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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

Name of organization or individual: TROSA

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: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Law Enforcement, Transportation, Rental Assistance, Alcohol/Drug Abuse, HIV/AIDS, Soup Kitchen/Food Pantry, Life Skills, Healthcare, Prescription Assistance, Mental health, Employment

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: Urban Ministries of Durham

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: (select all that apply) Case Management, Life Skills, Prescription Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Soup Kitchen/Food Pantry

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

Name of organization or individual: Women in Action

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
(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, Case Management, Child Care, Life Skills, Utilities Assistance, Legal Assistance, Rental Assistance

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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: Durham Congregations in Action

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: (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? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education
(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: Durham 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: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(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:
(select all that apply) Counseling/Advocacy, Education, Case Management, Legal Assistance, Transportation, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Street Outreach, Child Care, Life Skills, Prescription Assistance, Healthcare, Mental health, Employment

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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: Immaculate Conception Catholic 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: 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 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: First Presbyterian 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, 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: Utilities Assistance, Rental Assistance
(select all that apply)

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

Name of organization or individual: Masjid Ibad Ar-Rahman, Inc.

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
(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:
(select all that apply)** Not Applicable

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: Nehemiah 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: Primary Decision Making 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: Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: St. Philips 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: 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? 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 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: Westminster Presbyterian 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, 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

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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: North Carolina Coalition to End Homelessness

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, 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: Downtown Durham, 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, 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: El Centro Hispano

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: Sun Trust Bank

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, 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: Latino Community Credit Union

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: 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? 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 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: Measurement 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, 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

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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: C. T. Wilson Construction Company

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

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

Role(s) of the organization: Primary Decision Making Group
(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: Community Health Duke Univ. Med. Ctr.

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, 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, Healthcare
(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: Lincoln Community Health Center

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, 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: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Healthcare, HIV/AIDS
(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: V.A. Medical Center-Durham

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: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Healthcare, Mental health, Alcohol/Drug Abuse, 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: Lynn Holloway

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

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

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

Subpopulation(s) represented by the organization: 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: Michael Kelly

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

Type of Organization: Formerly Homeless
(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

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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: Sam Whitted

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

Type of Organization: Formerly Homeless
(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

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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: Sam Fisher

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

Type of Organization: Formerly Homeless
(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

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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: Jaqueline Bostick

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

Type of Organization: Formerly Homeless
(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: Street Outreach
(select all that apply)

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

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

Name of organization or individual: United Way of the Greater Triangle

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

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

Role(s) of the organization: Primary Decision Making Group, Attend 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? 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 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: American Institute of Certified Public Accountants

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

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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: Durham Bulls Athletic Park

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

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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: CASA

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: 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: Parker's 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: 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: 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: Step Up Ministry

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: 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, 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: Open Table Ministry

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: 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, Life Skills, Prescription Assistance, Transportation, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: 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: World Overcomers Christian 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 Department of Community Development

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

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

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, 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)

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: Legal Aid of NC, Durham office

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, Legal 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: Robert Appleby

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

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

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

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: 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: Durham Area Transit Authority

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? 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: Durham Economic Resource Center

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: 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: Education, Case Management, Life Skills, 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: Center for Community Self-Help

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? 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: Resources for Human Development

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, Mental health, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: Triangle Community Foundation

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: 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? 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: Volunteers of America 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: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Lutheran Family Services

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: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills
(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: Stephen Hopkins

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

Type of Organization: Formerly Homeless
(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: Turning Corners Alliance

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? No

Services provided to homeless persons and families: Education, Life Skills, HIV/AIDS
(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, 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, 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, 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):

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):

Bed capacity increased from 279 beds to 334 beds. Sixty-eight percent of the increase (38 beds) occurred at the Durham Rescue Mission, a privately funded program, that uses most of the 297 beds in its total inventory for emergency shelter OR transitional housing, depending on the needs of the homeless consumer. Other significant ES additions include 6 beds that the Criminal Justice Resource Ctr, a gov't agency, opened for homeless men exiting from the Criminal Justice system and 8 beds that TROSA, a therapeutic, transitional community for people seeking recovery, added for homeless men considering the transitional program. With the increase in homelessness due to the "Great Recession," these additions to the ES capacity are most welcome.

Safe Haven: Not Applicable

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

NC-502 does not have any Safe Haven beds.

Transitional Housing: Yes

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

The number of TH beds continued to decline, from 428 beds in 2008, to 341 in 2009, and 321 in 2010. As with ES, the Rescue Mission accounted for most of the change, reducing its TH inventory from 138 beds in 2009 to 100 beds in 2010. The Durham Crisis Response Center received a grant from the Dept. of Justice and opened ten beds of transitional housing for survivors of domestic violence. Housing for New Hope received funds for 7 beds of TH for unsheltered consumers through its PATH program. Some of the decline in TH beds may be a response to the emphasis on rapid rehousing, e.g. as noted below, the Rescue Mission significantly increased its inventory of PSH.

Permanent Housing: Yes

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

PH beds increased 18%, from 147 in 2009 to 174 beds in 2010. The Durham Rescue Mission reported 57 PSH beds, up from 19 in 2009. Due to NC state government funding reductions, we lost funding for 15 beds of leased housing that had been available for unsheltered consumers. The increase in PSH at the Durham Rescue Mission is particularly noteworthy in that these beds are privately funded in their entirety. PSH beds have increased from 65 beds in 2007 to 174 beds in 2010, which is well above the pace required to meet Durham's Ten Year Plan goal of creating 150 beds of PSH in ten years.

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) 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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, Housing inventory, Provider opinion through discussion or survey forms

Specify "other" data types:

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

The process of determining unmet need was similar to previous years. An initial determination was made using the HUD formula. The determination relied on the ES, TH, & PSH housing inventory & estimates of what percentages of people would need a particular housing type to become stabilized in PH. Provider opinion was obtained via email discussions and confirmed that the unsheltered needed PSH primarily, since they were not using available ES or TH openings. The low occupancy rate in ES beds at the Rescue Mission obviated a need for more ES for households with children, although some are concerned that the eligibility requirements of the Mission (Its programs are Christian-based.) may hinder some households from seeking shelter there.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

- Select the HMIS implementation coverage area:** Regional (multiple CoCs)

- Select the CoC(s) covered by the HMIS: (select all that apply)** NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-513 - Chapel Hill/Orange County CoC, NC-504 - Greensboro/High Point CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-503 - North Carolina Balance of State CoC, NC-500 - Winston Salem/Forsyth County CoC

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

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

- Has the CoC selected an HMIS software product?** Yes

- If "No" select reason:**

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

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

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

- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 01/01/2007

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate staffing, Inadequate bed coverage for AHAR participation, Poor data quality, Inability to integrate data from providers with legacy data systems, No or low participation of S+C funded providers, No or low participation by non-HUD funded providers

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

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

We made progress in migrating provider databases to our HMIS. All SHP and ESG funded providers use the HMIS. Durham Housing Authority, which has S+C beds, has the bed inventory in the HMIS, but is not yet entering client data regularly. We review the HMIS Data Quality report quarterly. Recently admin. of the 2008 HMIS grant was transferred to the Durham Affordable Housing Coalition, the CoC lead agency, & grant implementation has begun. The grant underwrites costs that providers incur with the HMIS, eliminating a barrier for non-HUD funded agencies to participate, e.g. it is funding software for the Rescue Mission that will enable integration of data from its legacy system into the HMIS. AHAR participation increased to 4 of 6 shells.

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

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

Organization Name North Carolina Housing Coalition

Street Address 1 118 St Mary's Street

Street Address 2

City Raleigh

State North Carolina

Zip Code 27605

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

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: Ms.
First Name Laura
Middle Name/Initial
Last Name McDuffee
Suffix
Telephone Number: 336-455-7316
(Format: 123-456-7890)
Extension
Fax Number: 919-881-0350
(Format: 123-456-7890)
E-mail Address: lmcduffee@nchousing.org
Confirm E-mail Address: lmcduffee@nchousing.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	51-64%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	51-64%
* Permanent Housing (PH) Beds	51-64%

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

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

Good progress on increasing bed coverage in the HMIS continues to be made. The CoC qualified four of six AHAR shells for the 2009-2010 fiscal year, a significant improvement over the previous year when only one shell qualified for AHAR. Bed coverage rates for all three housing types are in the 51-64% range.

Most significantly, we recently used funds from the 2008 CoC HMIS grant to purchase a software update that will allow the Durham Rescue Mission, an agency that accepts only private funding, to integrate data from its legacy system into the Carolina Homeless Information Network (CHIN), our HMIS. The Rescue Mission reported a total inventory of 297 beds in 2010. This is 35% of the CoC's total inventory of 829 ES, TH, and PH beds. So integrating the Rescue Mission data into CHIN will increase our HMIS bed coverage significantly in all three categories. The integration of Rescue Mission data into CHIN should begin in the next three months.

Another provider with significant inventory, Triangle Residential Options for Substance Abusers (TROSA) began entering data into CHIN for the homeless people it has in 80 beds of transitional housing in its therapeutic community in July 2010.

The Volunteers of America has 24 beds of transitional housing for homeless veterans. Staff have been trained in CHIN and VOA will begin entering data into CHIN by the end of 2010.

We continue to encourage other smaller providers to convert their databases to CHIN as well and will continue to work with them and the CHIN staff to accomplish this transition.

CHIN staff work well with individual agencies and the CoC to provide training and specific technical assistance and support to assist agencies in entering their bed inventory into CHIN and to achieve and maintain good bed utilization rates and data quality rates.

An allocation plan for 2010 for the 2008 CoC HMIS grant has been approved by the Durham Affordable Housing Coalition's director and is in the process of being implemented. The plan distributes grant funds to all housing providers to underwrite costs associated with migrating their database to CHIN, or in the case of the Durham Rescue Mission, as noted above, to integrate data from their legacy system into CHIN. The Rescue Mission and Urban Ministries of Durham, who together have over 50% of the CoC's total housing inventory, will receive proportionally more funding than the other providers with less inventory.

All HPRP consumers also are being entered into CHIN.

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	5%	54%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	1%
* Disabling Condition	3%	6%
* Residence Prior to Program Entry	2%	1%
* Zip Code of Last Permanent Address	0%	15%
* Name	0%	0%

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

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

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

CHIN uses comparative reporting to improve agencies' client & program data. The primary report, the monthly Data Quality Report, provides agencies and the CoC with an overview of data completeness, utilization rates, and inventory; however, agencies may request a report at any time. Standardized ServicePoint reports are available continuously including: APR data, clients served, and client not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge. Contract data entry assistance also is available for agencies to help them catch up on data entry. We have qualified 4 of 6 shells for participation in 09-10 AHAR.

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

A commitment to accurate data entry, including program entry and exit dates, begins when agencies sign their Agency Participation Agreement with CHIN. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly covers all HUD required data elements. Agencies and end users are reminded again during certification training. Program entry and exit dates are covered specifically in the materials.

Program enrollment figures are included as elements on CHIN's monthly Data Quality Reports. When requested, CHIN staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) None

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

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? No

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 Semi-annually
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 Quarterly
Using data for program management:	At least Annually
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 Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

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

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

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

If 'Yes' indicate date of last review or update by CoC: 10/11/2010

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 Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Semi-annually
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly

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? annually (every year)

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

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

Emergency Shelter: 100%
Transitional Housing: 100%

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

The total number of homeless people counted increased 26% between 2009 and 2010, from 536 to 675 people. This significant increase was expected, especially in that the local unemployment rate more than doubled between December 2007 (3.8%) and January 2010 (8.4%).

The economic downturn has created more homelessness among households with children. Family homelessness increased 50%, from 34 families in 2009 to 51 families in 2010. The increase in family homelessness accounted for 30% of the increase.

The unsheltered population doubled from 34 to 68 persons. The increase accounted for nearly 25% of the total increase. We changed our methodology for counting the unsheltered. Much of the increase may be attributed to the change. This year, PATH team members, who do outreach to the unsheltered on a regular basis and know many of them, conducted the unsheltered count over a 2 day period and carefully deduplicated the data prior to submission to the CoC office. The distressed economy also may have contributed to the increase in the unsheltered.

Increased housing inventory also may have contributed to the increased count. Overall, ES & TH inventory increased from 620 beds in 2009 to 655 beds in 2010. Occupancy increased from 502 persons in 2009 (81%) to 607 persons in 2010 (93%). The number of homeless veterans increased 15%, to 106 persons. VOA of the Carolinas opened 24 beds of TH in spring 2009 & we believe many vets came from outside Durham to access this housing.

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

If Other, specify:

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).

Planning for the count began in December 2009. All known providers of ES, TH, and PSH were invited and encouraged to participate in the count and all did so. Instructions and training were provided to the providers approximately three weeks before the date of the count. Reporting forms were made available in hard copy and electronic format for ease of use. CoC staff were available to assist providers and answer questions.

Concurrently, a Demographic & Needs Survey that solicited additional demographic information, e.g. primary cause of homelessness, from individual homeless adults was distributed. This survey was completed by 486 of 591 homeless adults, both sheltered and unsheltered, identified in the count. A community volunteer compiled the data on this survey.

Following the count itself, agencies submitted the PIT report either electronically or in hard copy format. Each agency reported the housing inventory for their agency, the total homeless population sheltered by their agency, and subpopulation information for the occupants of their housing.

CoC staff sought clarifications and corrections as needed and compiled the housing inventory and PIT count data for the total population and the subpopulations.

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

If Other, specify:

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).

Homeless services providers were asked to gather this information from their consumers or from CHIN/HMIS, and to use their best judgment when the consumer refused to identify with a sub-population. Instruction and training was provided in the weeks prior to the count.

Agencies entering client data into CHIN used the HMIS data in CHIN to report subpopulation data and to confirm the accuracy of the subpopulation data they reported based on client intake forms and provider knowledge/expertise concerning the individual homeless people in their program.

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 type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

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:

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: Known Locations

If Other, specify:

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 type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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):

As noted, this year PATH team members conducted a count of the unsheltered population over a 2 day period (Wed. evening to Friday morning) in an effort to improve the accuracy of this count. Team members already know most, if not all, of the locations where the unsheltered live and have relationships with many/most of them. The PATH team leader assigned team members to conduct the count in a designated police district of the city. Unsheltered homeless people were invited to complete a Demographic & Needs Survey (DNS) with the assistance of the PATH worker and most did so.

Deduplication techniques including verifying with the individuals that they were homeless and had not stayed in a shelter or transitional house on the night of the count, 1/27/2010, assigning a unique identifier to each person who completed a DNS, verifying that the person had not already talked to another PATH worker during the counting period, and reviewing completed DN surveys with other PATH workers to confirm the unique identity of each person counted.

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):

Though family homelessness increased by 50% between 2009 & 2010, gratefully, only one mother with a dependent child was found to be unsheltered. Through Housing for New Hope, PATH outreach and engagement services are provided by a four-person team that seeks contact daily with the unsheltered homeless, including unsheltered households with dependent children. The team includes two qualified professionals, a peer specialist, and a disability benefits specialist. Unsheltered households with dependent children are priorities for referral and placement in emergency shelter, transitional housing, or permanent housing.

Housing for New Hope also provides a three-person Re-Housing Team funded by HPRP that is housed at Urban Ministries of Durham (UMD), an agency that serves as a point of entry for many homeless people. When encountering unsheltered households with dependent children, the PATH Team immediately refers the households to UMD and the Re-Housing Team; identifies other emergency shelter for the household, if UMD does not have emergency shelter space available; and transports the household as needed.

The Homeless Liaison at Durham Public Schools connects unsheltered households with dependent children enrolled in school with the HPRP funded Re-Housing Team.

Discussions also are underway about the development of a "day services center" that could become a single point of entry for those who are literally homeless or imminently homeless.

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):

Through Housing for New Hope (HNN), outreach & engagement services are provided to the unsheltered daily. A PATH Team includes two qualified professionals, a peer specialist, & a disability benefits specialist. The Team builds trust with the unsheltered, bringing them toward services and housing. With funding from The Durham Center, the local public mental health agency, the Team offers the unsheltered transitional housing while SSI/SSDI applications are made & referrals to permanent supportive housing (PSH). Currently, 7 PATH clients with no income who have applied for SSI/SSDI are in PSH with rental support provided by the NC Housing Finance Agency. The Durham Center also contracts with HNN to provide a 3-person Assertive Engagement Team targeting homeless people without insurance for services. This team complements the PATH Team by providing ongoing case management to the chronically homeless, many of whom are unsheltered. Open Table Ministry provides outreach to the unsheltered near a main camp for the unsheltered. A team of volunteers provides a meal every Wednesday to a small group of unsheltered people. St. Joseph's Episcopal Church, near downtown, invites the unsheltered near the church to share breakfast with its members every weekday following morning prayers. The Durham Rescue Mission also sends out a van to the known locations of unsheltered people on the coldest nights of the year with an invitation to stay warm during the night at the Mission.

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).

The Durham CoC will continue to prioritize projects that include units designated for the chronically homeless(CH).

1. In this round of funding, CASA will apply for funding to develop 2 CH units and 8 of permanent housing units.
2. The Durham Center was awarded 2009 CoC funding for 15 units of leased PSH, 5 of which will target the CH.
3. In June 2010, HNH opened the Williams Square Apts for 24 single homeless people with disabling condition(s). 14 units are designated for the CH.
4. Request annually a Penny for Housing from the City of Durham's general fund. Currently, the City designates approx about \$200,000 for affordable housing. The City has also added Special Needs Housing as a priority in the 2010-2015 Consolidated Plan. Penny for Housing funding will continue to provide for development of 10-15 units of affordable housing annually.

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).

1. Continue to target available portions of Pro-rata share for the creation of new PSH units, including shelter plus care units for the CH.
2. Continue to support and encourage nonprofits to include units targeting the CH in their developments, through the City's Consolidated Plan.
3. Facilitate conversation via housing summits, strengthen the City's housing density bonus, and educate experienced developers and those with new agencies on effective use of the resources available through SHP, the NC Housing Finance Agency, the Federal Home Loan Bank, and other lenders with favorable financing terms.
4. Recruit members of the Home Builders Association and other for-profit builders to participate in affordable creation by encouraging the use of density bonuses, streamlined approval processes, and other incentives.

How many permanent housing beds do you currently have in place for chronically homeless persons? 36

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 41

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 75

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 100

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 is performing slightly below target at 75% of homeless persons remaining in PH. The Durham CoC will improve by:

1. Case Management (CM)- The CoC member agencies will continue to provide follow-up CM services for their clients post-graduation for at least 1 year.
2. ARRA-HPRP - CoC has developed an active multidisciplinary work group that strategizes and uses ARRA-HPRP funding to assist in prevention efforts to keep the homeless clients in housing.
3. Eviction Diversion-Durham CoC agencies have begun using elements of the Best Practice Ready to Rent program which fosters life skills development.
4. Pro-Active Leasing-Durham CoC Housing providers will institute strong participant retention efforts that include CM, troubleshooting, building strong landlord relationships, budgeting, and renter education.

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).

1. Continue to advocate for/secure additional affordable housing rental units at 30% below AMI.
2. Continue to provide effective case management resources to program participants for at least year after completion from a program.
3. Continue to improve service connections between community-wide service agencies and support programs that result in improved homeless prevention service delivery.
4. Continue the Durham CoC's implementation of the HUD Best Practice "Ready to Rent" program through the TYP Prevention Results Team.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 75

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 77

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

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).

Economic downturn, unexpected staffing losses, and addiction relapses impeded attainment of goal. CoC will improve by developing:

- 1.CoC Transition Flag List(DCTFL) Monthly, Durham CoC agencies will review occupancy rates and identify clients in TH for 6+ months. Flag list will be provided to CoC and System of Care Housing Committee (SCHC) that manages PH inventory, which will streamline referrals for PH.
- 2.Case Management (CM)- CM is ongoing and helps ready clients for PH by helping remove barriers that block client PH eligibility. Special attention will be paid to clients identified on the Flag List for PH referrals.
- 3.Special Programming- "Seeking Safety," a best practice therapy program will continue to be used with homeless women with addiction illnesses.
4. ARRA-HPRP Funding - CoC established multidisciplinary team accepts referrals from TH agencies. Qualified referrals are fast-tracked to PH using funds.Team will continue to increase number of clients moved to PH.

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).

Managing Inventory- The SCHC will act as a central clearinghouse for the Durham PH Inventory. Currently, the committee makes referrals for tax credit properties and general program housing updates. Within the next 2 yrs, this committee will review the available units of permanent housing (including PSH, TH, tax credit, SPC and VASH, etc.) and make appropriate housing referrals, particularly targeting clients on the Durham CoC Transition Flag List (DCTFL).

The CoC will improve CM services that eliminate barriers and improve access to mainstream resources by developing more comprehensive service and housing connection including the Benefit Bank (ARRA funded program). Using data collected from clients on the DCTFL, a CM work group will identify common barriers that prevent client's transition from TH to PH. The CM work group will suggest strategies and/or training. The goal will be to move 5-10 households out of homelessness a month.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 54
- 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?** 70
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 75

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).

The CoC averaged 43% employment upon exit, exceeding the national goal. Thru the Durham 10 Year Plan (TYP)- Income Results Team, the CoC will improve employment outcomes by:

1. Better tracking: two CoC agencies have hired job developers to support employment outcomes for participants, coordinate job readiness activities, & ensure results are tracked on APR.
2. Effective Partnerships-Income Results Team will continue to sponsor community job readiness workshops with Joblink, Workforce Development, Chamber of Commerce, and Vocational Rehab. Income Team will act as a link between participants in CoC programs and employers by recruiting employers to attend hiring events like Project Homeless Connect & develop work experience /OJT opportunities.
3. Implementation of Career Readiness Credential (CRC)- Thru Durham Tech Comm. College, at least 60 homeless people will have attained a bronze level or better credential. The CRC and stronger case management will reduce employment barriers.

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).

Develop a partnership strategy, by working through the Income Team of the TYP Plan, with City of Durham Office of Economic and Workforce Development that includes developing work experience/on the job training program via the Income Team. The Income Team will work on securing 5 sponsorships for work experience/on the job training a year.

The TYP has secured for the CoC free training for homeless individuals to complete Career Readiness training. The Income Team will work to secure additional funding to sponsor testing fees for 60 additional homeless persons for the Career Readiness Certificate offered by DTCC.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 43
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 45
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 45
- In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 50

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)

Homelessness among families with children was the largest increase in the 2010 PIT count, but only one household with children was counted among the unsheltered. The Durham CoC will decrease the number of homeless families by:

1. Homeless Preference-The Durham CoC will work with the Durham Housing Authority to add homelessness as preference for placement.
2. Circles of Support-The Durham CoC will work to recruit congregations to support families as they transition from homelessness to PH. Circles will be trained on strategies to prevent homelessness, including improving access to mainstream resources.
3. ARRA HPRP- We moved families with children to our highest priority. Re-housing at UMD will enable households with children to more easily access the prevention and rapid-rehousing assistance available through HPRP. The program has served 35 families since Jan. 2010.
4. The Durham Housing Authority will apply for Family Unification Vouchers when it becomes eligible to do so.

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

Durham County's Dept of Social Services and Mental Health will continue to partner with UMD which acts as a major entry point for many families in Durham.

Housing- With the expansion of Homeless families to the CH definition, the Durham CoC will develop housing options for homeless families that include multiple bedrooms. In Spring 2011, CASA and HNH will develop 17 workforce housing apts for families.

The Durham CoC will partner with the Durham Public School(DPS)liaison and social workers to provide ongoing education and resources for homeless families and explore creative mechanisms for identifying and preventing homeless families.

The CoC, through the Youth in Transition Taskforce, will work to develop an MOA with DPS to provide housing resources for foster care youth and families with children.

- What is the current total number of homeless households with children, as reported on the most recent point-in-time count?** 51
- In 12-months, what will be the total number of homeless households with children?** 50
- In 5-years, what will be the total number of homeless households with children?** 40
- In 10-years, what will be the total number of homeless households with children?** 30

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):

For the 3rd consecutive year, a Foster Care Discharge Policy MOA partners the Durham CoC and Department of Social Services (DSS). A copy of the MOA is attached.

The policy outlines preferred referral resources for foster care youth. Social workers continue to help identify safe and appropriate housing options, and encourage participants to access behavioral health services through the community-wide System of Care. The Foster Care Division also is active in a Youth Transitional Taskforce to expand services and options for youth in transition. Collaborating Agencies include: DSS, Youth Council of Durham, Cooperative Extension-JCPC, Durham City Parks and Recreation, the Health Department, the Sheriff's Department, the county Youth Home, the Community Collaborative, & The Durham Center. These partners participate in the Access to Services Team, identify resources, and develop initiatives to reduce the number of youth in homelessness. Carolina Outreach has housing for youth with a diagnosed disability that are aging out of foster care.

In the 09-10 fiscal year, 14 youth aged out of the foster care system. 6 obtained their own apartment, two aged out in jail, one enlisted in the Army, one lives with a previous foster parent, one went to live with a relative, one entered an Independent Living program, one is in a residential setting via The Durham Center, and the whereabouts of one are unknown.

Health Care:

Duke University owns Duke University Medical Center (DUMC) and operates Durham Regional Hospital. These two hospitals are the only hospitals serving Durham County. DUMC's Complex Care Coordinator serves on the Access to Services and Prevention Teams of the Durham 10 Year Plan to End Homelessness. The Durham CoC continues to seek an agreement between Duke University Health Care System to assist patients with complex conditions and barriers to access needed services and resources. The agreement would require assessment of patient needs, clear planning for discharge or transfer, facilitation of the discharge or transfer, and continuity of care, treatment and services. The Duke University Health Care System provides over \$40 million worth of uncompensated health care to indigent patients in the Durham community and has made strong commitments to work with the Durham community through its Department of Community Health.

Mental Health:

A Memorandum of Agreement has again been signed to partner the Durham CoC and Central Regional Hospital (CRH), the area's public mental health hospital. The agreements states that the partners "understand that, . . . to the maximum extent practicable, no person discharged from the hospital is to be placed into any HUD McKinney-Vento funded program for the homeless." A copy of the MOA is attached.

The agreement states the hospital's goal "is to ensure that patients in the hospital are able to transition from the hospital into appropriate housing or treatment programs" and directs CRH staff to contact The Durham Center, the Local Management Entity (LME) for publicly funded mental health/addiction services, for behavioral health services after hospital discharge and for assistance in identifying appropriate housing options.

The Durham Center has adopted a ¿Homeless Discharge Policy¿ that it has communicated to the State of NC, CRH, local homeless service providers, and contracted agencies providing mental health services. A copy of the policy is attached.

Of 51 admissions of homeless people to CRH in FY 2010, 14 were discharged to transitional housing or a group home, 13 returned to their county of origin or left Durham, 13 went to a private residence, 10 returned to an emergency shelter, and 1 transferred to the CRH long term care unit.

The Durham Center works closely with discharge planners at CRH, local homeless housing providers, and LMEs in other counties.

Corrections:

A Memorandum of Agreement has been signed with the Durham County Sheriff "to prevent homelessness and end homelessness whenever possible; a copy is attached.

The agreement states that the partners "understand that HUD prefers that as few people as possible being discharged from the jail system are placed in any HUD McKinney-Vento funded program for the homeless."

The N.C. Department of Correction (DOC), other state agencies, and the community share responsibility for reintegrating incarcerated persons into the community. For offenders with mental illness, developmental disabilities and persons covered by the Americans with Disabilities Act, DOC uses a multi-disciplinary team approach to aftercare, assuring that the released inmate has a viable housing plan and a plan to obtain employment paying a living wage.

Locally, the Criminal Justice Resource Center provides services to stakeholders and offenders. CJRC collaborates with detention centers, The Durham Center, the judicial system, other human service providers, public schools and state agencies.

CJRC recently opened a residential facility of 6 beds for men who need short term housing. In FY 2010 the house served 41 men coming out of prison/jail. This house has become the primary place local homeless men go upon discharge from the jail or state prison.

In June 2010, a VA Justice Outreach Specialist began serving jailed veterans. Thus far, 11 vets have been served, including one who was homeless.

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:

Housing for Persons with Special Needs
1. Coordinate with institutional partners to increase the supply of permanent housing for persons with special needs
The City will continue to work with its subsequent partners in the implementation of Ten-Year Plan to End Homelessness (TYP). The City will lend support through Emergency Shelter Grants (ESG), Community Development Block Grant (CDBG) and/or HOME CHDO funds. All projects will be reviewed for consistency with the Consolidated Plan and the City's continued support will be given to Durham's Continuum of Care.
2. Enhanced coordination among service providers to ensure ongoing case management and effective management information systems

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):

The CoC has taken a very active role in the coordination of the HPRP initiative. Durham received \$789,000 in entitlement funds for homeless prevention and re-housing programs and received an additional \$400,000 in state funds to support a re-housing team. The rehousing initiatives are housed at Urban Ministries of Durham (UMD); UMD works closely with other CoC and 10 Year Plan partner agencies. An HPRP advisory group was created in November 2009 to streamline planning and implementation of HPRP funds and meets monthly. All Durham CoC agencies regularly refer clients to the HPRP team for assistance. Since Jan. 2010, the rehousing initiative has served 65 households, 30 individuals and 35 households with dependent children. This two prong approach has increased program impact in the Durham community. The Homeless Prevention component of HPRP is working within the Dept of Social Services and is serving five households at risk of homelessness every month. Homeless Prevention staff participates regularly in CoC meetings. Currently, the Prevention Team of the TYP is developing a sustainability plan to enable the CoC to continue implementation of the Best Practice "Ready to Rent" program and HPRP beyond this round of HPRP funding. All of our HPRP serving programs track their outcomes and households served in Durham's HMIS system.

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 strong relationships with the NSP program here in Durham. Two CoC agencies, CASA and Housing for New Hope, currently administer NSP programs in Durham for working families. Geer Street, located at 217 W. Geer, is the CASA project, and it is being funded through NSP dollars. It is a 7-unit purchase and rehab project which will serve persons below 50% of AMI. 4 units are one-bed, one-bath, and 3 are two-bed, one-bath apartments. Housing for New Hope's project will develop 10 additional units of workforce housing for families and is slated to open in 2011. Additionally, the Durham Affordable Housing Coalition, the current CoC lead agency, will be providing housing counseling services for NSP program households purchasing rehabbed homes.

The Durham CoC is building strong relationships with providers of services to veterans in the area. The Durham community received 35 much needed HUD VASH program vouchers in 2008 and an additional 35 in 2009. Working with local veterans' liaisons from Durham County, the Durham VA Medical Center, and Healing with CAARE, the CoC continues to provide referrals and housing options for the program. VA representatives have presented information to CoC agencies, and homeless services providers have worked closely with the VA and the Durham Housing Authority to utilize the available vouchers. The Durham VA Medical Center has hired 9 HUD-VASH program staff: 4 Case Managers, a Substance Abuse Specialist, 2 Outreach Workers who are a part of the Health Care for Homeless Veterans program, and a Program Support Specialist who provide services for 130 vouchers throughout the NC Triangle area. The Durham CoC will continue to work with the Durham Housing Authority to acquire additional HUD VASH vouchers to help our homeless veterans. As part of this year's Project Homeless Connect a Veterans Stand Down took place. A representative was on hand to inform and work with veterans eligible for HUD VASH. One hundred eighty veterans accessed services at the Stand Down.

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)

The Durham CoC in the last two years has worked to create connections with Durham Public Schools (DPS), charter, and private school educational entities. The homeless liaison of DPS currently holds a position on the 10 Year Plan Executive Team and attends regular CoC meetings. DPS provides annual reports to the CoC on the number of homeless children enrolled in the local school system and their families, and provides outreach services to our four family-serving CoC agencies. In addition, CoC staff and education agencies collaborate on initiatives in the community like Project Homeless Connect and backpack programs at Neal Middle and Eastway Elementary Schools. DPS is partnering with the 10 Year Plan on conducting a Youth Point in Time Count, transition planning for youth aging out of foster care, Youth Build grant planning team, and multi-disciplinary intervention teams called Care Reviews.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The new Executive Team chair has indicated that caring for homeless children and families is a priority. The CoC in partnership with Durham Public Schools and other youth serving agencies:

1. Identify youth and families for the point in time in 2011
2. CoC will require all family-serving agencies to identify a key staff person that will ensure all school age youth are enrolled in school and are receiving McKinney Vento education services within 72 hours of program enrollment.
3. Provide education to school staff, administration, and homeless provider staffs on the rights and responsibilities of homeless students according to McKinney-Vento
4. Create community-wide homeless prevention training and family intervention services that will be targeted at church, civic groups, motels, hotels, youth serving agencies, and community organizations.
5. Develop a community wide homeless intervention using the Durham 211 hotline that will assist families in crisis and notify providers in an urgent manner.
6. Instituting a pajama giveaway each family-service provider will have a new set of pajamas and a storybook to giveaway to primary-age and younger children who find themselves homeless as a way of providing reassurance and comfort, and encouraging literacy.

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)

Veterans accounted for 15.7% of the total 2010 PIT count. The CoC is prioritizing reducing homelessness among veterans:
The CoC has 33 beds of TH designated for homeless veterans, 9 operated by Healing with CAARE & 24 operated by Volunteers of America of the Carolinas. Healing with CAARE expects to open 15 more units of TH for homeless vets in 2011. TROSA also receives VA funding through the Grant & Per Diem program. In 2010, Step Up Ministries began providing employment counseling and support services to homeless veterans at the Urban Ministries ES through a Dept. of Labor grant targeting homeless vets.
The Durham CoC works closely with the Durham VA Medical Center & Durham County Veterans Service Office. The CoC continues to encourage veterans to access HUD-VASH vouchers available in Durham.
In October 2010, The Durham TYP partnered with the Durham County Stand Down and served 180 veterans. Organizers intend to collaborate on future events.
CoC/TYP staff helped facilitate outreach to the local jail by a part time Veterans Justice Outreach Specialist. Since June 2010, the Specialist has provided services to 11 jailed vets, including one homeless veteran. The Durham VAMC anticipates hiring a full time Justice Outreach Specialist in the near future, so that outreach to jailed veterans may increase. The CoC has a Returning Citizen Team to identify and address the needs of veterans as they return to the Durham community either from service or incarceration.

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.	24	Beds	14	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	79	%	75	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	79	%	54	%
Increase percentage of homeless persons employed at exit to at least 20%	55	%	30	%
Decrease the number of homeless households with children.	32	Households	51	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.

This past year has been challenging for homeless programming. The economy has contributed to an increase in homelessness; local layoffs and high unemployment rates have made it difficult to increase income for homeless people and families. This lack of income made it difficult to move homeless people from TH to PH, but the CoC still exceeded the national employment goal, but fell short of a high local goal. Funding for new CH beds was more difficult to acquire than previously. Despite the difficulties, the CoC increased bed capacity; two new agencies began operating in Durham: CASA and the Criminal Justice Resource Center; and added 9 beds for CH. Durham Co. Social Services took leadership in working with ARRA- HPRP funding. Faced with a 26% increase in homelessness, Durham CoC agencies adapted greatly this year. In a major success, agencies that primarily served CH expanded to provide prevention and re-housing services. This year, Project Homeless Connect (PHC) provided services to more than 485 people, a 64% increase; this number included 180 veterans. All received food, clothing, and services from housing referrals to job interviews, to medical/dental care. To achieve more HUD goals, Durham is reorganizing its homeless management system. One priority remains ensuring timely input of HMIS data from all homeless service agencies. Data from this year's PHC clients is currently being loaded into CHIN (HMIS) -- a great success for Durham and its homeless population.

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	105	52
2009	140	50
2010	141	36

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.

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):

Homelessness increased 26% in Durham between 2009 & 2010, but, significantly, the number of CH persons increased only by one person. Also, our methodology for the PIT process improved greatly over the last year. Our PIT Count time frame of data collection expanded from 8 hours to a 48 hour period for the unsheltered count. PATH/outreach workers led teams across the county during the day that targeted day-time frequented locations of the unsheltered in Durham. They used personal identifiers to rigorously de-duplicate the data. The number of PSH beds increased from 147 in 2009 to 174 in 2010, but the number of beds designated for the CH decreased because state supported funding for 15 leased CH units was lost due to funding cutbacks.

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)	21
b. Number of participants who did not leave the project(s)	55
c. Number of participants who exited after staying 6 months or longer	14
d. Number of participants who did not exit after staying 6 months or longer	43
e. Number of participants who did not exit and were enrolled for less than 6 months	5
TOTAL PH (%)	75

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	49
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	26
TOTAL TH (%)	53

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: 70

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	10	14	%
SSDI	8	11	%
Social Security	1	1	%
General Public Assistance	0	0	%
TANF	1	1	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	30	43	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	10	14	%
Food Stamps	10	14	%
Other (Please specify below)	3	4	%
Retirement			
No Financial Resources	8	11	%

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? Yes

4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply)**

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Establish a preference policy for Section 3 for competitive contracts >\$100,000, Preference policy for hiring low and very low income persons residing in the service area, Notify area Youthbuild programs of job opportunities

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 analyzes APRs annually to assess and improve access to mainstream programs. Staff from the lead agency as well in the next year a team of volunteers and service providers will review the APRs and strategize steps to improve access.

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.

11/19/2009, 12/17/2009, 1/21/2010, 2/18/2010, 3/18/2010, 4/15/2010, 5/20/2010, 6/17/2010, 7/15/2010, 8/19/2010, 9/16/2010, 10/21/2010

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. quarterly (once each quarter)

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

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

Has the CoC participated in SOAR training? Yes

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

The North Carolina Coalition to End Homelessness (NCCEH) currently offers SOAR trainings regularly throughout North Carolina. Since trainings began in 2007, 21 local provider staff members have participated in SOAR training. Training dates were Dec. 9-10, 2009, April 26-27, 2010, and July 21-22, 2010. Three local CoC staff members completed the training this year. In 2009-2010, SOAR workers helped 48 individuals files SSI/SSDI applications. At last report, 33 had been approved, only 4 had been denied, and 11 applications were still pending. While many local workers have been trained in SOAR methods, only about three are assisting clients with applications regularly because assisting with applications is not a billable use of a case manager's time.

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:	90%
agency staff provide assistance in completing and submitting applications for mainstream benefits, using the Benefit Bank online program created through RRA funding from MDC. Housing for New Hope encourages people at Phoenix & Dove House to access employment, rather than mainstream benefits.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	90%
4a. Describe the follow-up process:	
Agency staff interview clients in person or by phone to ask if benefits are being received.	

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
Durham Veterans P...	2010-11-16 15:03:...	2 Years	Community Alterna...	425,004	New Project	SHP	PH	P2
Home Again	2010-11-13 15:29:...	1 Year	The Housing Autho...	94,200	Renewal Project	S+C	TRA	U
Community Support...	2010-11-16 09:58:...	1 Year	Urban Ministries ...	62,345	Renewal Project	SHP	PH	F
Family Matters	2010-11-15 09:23:...	1 Year	Genesis Home	175,000	Renewal Project	SHP	TH	F
Andover 1	2010-11-15 12:59:...	1 Year	Housing for New H...	21,761	Renewal Project	SHP	PH	F
Durham Veterans P...	2010-11-16 14:52:...	2 Years	Community Alterna...	102,616	New Project	SHP	PH	P1

Budget Summary

FPRN	\$259,106
Permanent Housing Bonus	\$527,620
SPC Renewal	\$94,200
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	11/16/2010

Attachment Details

Document Description: Certificate of Consistency & Discharge Planning
MOAs NC-502