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 &nbsp Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. &nbsp The HUD HRE Virtual Help Desk is available for submitting technical and policy questions. &nbsp

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 hudre info.

CoC Name and Number (From CoC Registration):
NC-501 - Asheville/Buncombe County CoC

CoC Lead Agency Name:
Asheville Buncombe Coalition for the Homeless
1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:
The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.
This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Asheville-Buncombe Coalition for the Homeless

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: 86%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

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

- Elected: [ ]
- Assigned: [X]
- Volunteer: [X]
- Appointed: [ ]
- Other: [ ]

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

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

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

- Elected: X
- Assigned:
- Volunteer:
- Appointed:
- Other:

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 City of Asheville's Community Development Office would take on these responsibilities working in conjunction with the Coalition for the Homeless.
1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

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

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

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Role of Group (limit 750 characters)</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuum of Care Selection Committee</td>
<td>Select and prioritize projects for CoC submission.</td>
<td>Annually (every year)</td>
</tr>
<tr>
<td>Carolina Homeless Information Network Advisory Committee</td>
<td>HMIS planning for state of NC</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Homeless Initiative Advisory Committee</td>
<td>Planning and oversight for 10-Year Plan to End Homelessness Implementation; coordination between 10-Year Plan and Continuum of Care</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Housing Subcommittee</td>
<td>Plans around housing issues and solutions for homeless people.</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Discharge/reintegration Subcommittee</td>
<td>Plans around issues and solutions relating to discharge and reintegration for homeless people</td>
<td>Monthly or more</td>
</tr>
</tbody>
</table>

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

The Continuum of Care Selection Committee only meets annually because its sole purpose is to select and prioritize project applications for the Continuum of Care application.
### 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.

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Membership Type</th>
<th>Organization Type</th>
<th>Organization Role</th>
<th>Subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC Services for Deaf and Hard of Hearing</td>
<td>Public Sector</td>
<td>State g...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
<td>NONE</td>
</tr>
<tr>
<td>City of Asheville Community Development</td>
<td>Public Sector</td>
<td>Local g...</td>
<td>Primary Decision Making Group, Attend Consolidated Plan p...</td>
<td>NONE</td>
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<tr>
<td>Housing Authority of the City of Asheville</td>
<td>Public Sector</td>
<td>Public ...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
<td>NONE</td>
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<tr>
<td>Buncombe County Schools Homeless Liaison</td>
<td>Public Sector</td>
<td>School ...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
<td>Youth</td>
</tr>
<tr>
<td>Asheville Police Department</td>
<td>Public Sector</td>
<td>Law enf...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
<td>NONE</td>
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<tr>
<td>Pisgah Legal Services</td>
<td>Private Sector</td>
<td>Non-pro...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
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<td>Homeward Bound</td>
<td>Private Sector</td>
<td>Non-pro...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
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<td>Helpmate</td>
<td>Private Sector</td>
<td>Non-pro...</td>
<td>Primary Decision Making Group, Attend Consolidated Plan f...</td>
<td>Domestic Vio...</td>
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<td>First at Blue Ridge</td>
<td>Private Sector</td>
<td>Non-pro...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
<td>Substance Abuse</td>
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<td>Lifeboat Recovery Center</td>
<td>Private Sector</td>
<td>Non-pro...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
<td>Substance Abuse</td>
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<td>Next Step Recovery</td>
<td>Private Sector</td>
<td>Non-pro...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
<td>Substance Abuse</td>
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<td>Asheville-Buncombe Community Christian Ministries</td>
<td>Private Sector</td>
<td>Faith-b...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
<td>Veteran s</td>
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<tr>
<td>Western Carolina Rescue Ministries</td>
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<td>Faith-b...</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work...</td>
<td>Substance Abuse</td>
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<td>Salvation Army</td>
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<td>Faith-b...</td>
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<td>Organization</td>
<td>Sector</td>
<td>Type</td>
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<td>WNC Housing, Inc.</td>
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<td>Business</td>
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<td>Sarver Housing Group</td>
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<td>Mission Hospitals</td>
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<td>Hospital</td>
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<td>RHA Health Services, Inc.</td>
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<td>Hospital</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work Group</td>
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<tr>
<td>Moss Bliss</td>
<td>Individual</td>
<td>Homeless</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work Group</td>
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<td>Coalition of Asheville Neighborhoods</td>
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<td>Funder</td>
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<td>Buncombe County Department of Social Services</td>
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<td>Beulah Foundation</td>
<td>Private Sector</td>
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<td>Committee/Sub-committee/Work Group</td>
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<td>Buncombe County Human Services</td>
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<td>Carolina Homeless Information Network</td>
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<td>Eblen Kimmel Charities</td>
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<td>Organization</td>
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<td>Substance Abuse</td>
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<tr>
<td>Oasis</td>
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<td>Non-pro.</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work Group</td>
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<tr>
<td>OnTrack Financial Education &amp; Counseling</td>
<td>Private</td>
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<td>Primary Decision Making Group, Committee/Sub-committee/Work Group</td>
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<td>Women At Risk</td>
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<tr>
<td>Gerald Hixson</td>
<td>Individual</td>
<td>Homeless</td>
<td>Primary Decision Making Group, Attend 10-year planning meetings</td>
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<tr>
<td>Gordon Smith</td>
<td>Individual</td>
<td>Other</td>
<td>Primary Decision Making Group, Attend Consolidated Plan</td>
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<tr>
<td>Dan Garrett</td>
<td>Individual</td>
<td>Other</td>
<td>Attend 10-year planning meetings during past 12 months</td>
<td>NONE</td>
</tr>
<tr>
<td>Stephen Bolden</td>
<td>Individual</td>
<td>Other</td>
<td>Attend 10-year planning meetings during past 12 months</td>
<td>NONE</td>
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<tr>
<td>Wanda Lanier</td>
<td>Individual</td>
<td>Other</td>
<td>Attend 10-year planning meetings during past 12 months</td>
<td>NONE</td>
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<tr>
<td>Asheville Buncombe Technical College</td>
<td>Public</td>
<td>School</td>
<td>Committee/Sub-committee/Work Group</td>
<td>Youth</td>
</tr>
<tr>
<td>Asheville City Schools Homeless Liaison</td>
<td>Public</td>
<td>School</td>
<td>Primary Decision Making Group, Attend 10-year planning meetings</td>
<td>Youth</td>
</tr>
<tr>
<td>Buncombe County Human Services Team</td>
<td>Public</td>
<td>Local</td>
<td>Lead agency for 10-year plan, Committee/Sub-committee/Work Group</td>
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<tr>
<td>Biltmore Transitional Housing</td>
<td>Private</td>
<td>Non-pro.</td>
<td>Committee/Sub-committee/Work Group, Attend Consolidated Plan</td>
<td>Serious Me...</td>
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<tr>
<td>Family Preservation Services</td>
<td>Private</td>
<td>Non-pro.</td>
<td>Committee/Sub-committee/Work Group</td>
<td>Youth</td>
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<tr>
<td>Goodwill Project Reentry</td>
<td>Private</td>
<td>Non-pro.</td>
<td>Primary Decision Making Group, Attend 10-year planning meetings</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Haywood St. UMC</td>
<td>Private</td>
<td>Faith</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work Group</td>
<td>NONE</td>
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<tr>
<td>Hands On Asheville-Buncombe</td>
<td>Private</td>
<td>Non-pro.</td>
<td>Committee/Sub-committee/Work Group</td>
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<tr>
<td>Life O'Mike</td>
<td>Private</td>
<td>Non-pro.</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work Group</td>
<td>Serious Me...</td>
</tr>
<tr>
<td>PATH</td>
<td>Private</td>
<td>Non-pro.</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work Group</td>
<td>Serious Me...</td>
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<tr>
<td>Trinity Place</td>
<td>Private</td>
<td>Non-pro.</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work Group</td>
<td>Youth</td>
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<tr>
<td>Applicant</td>
<td>Project</td>
<td>Unitarian Universalist Congreation of Asheville...</td>
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<td>Faith-b...</td>
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<tr>
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<tr>
<td>Warren Wilson College</td>
<td>Private Sector</td>
<td>Warren Wilson College</td>
<td>Private Sector</td>
<td>Othe-r</td>
</tr>
</tbody>
</table>

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

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

Name of organization or individual: NC Services for Deaf and Hard of Hearing

Type of Membership: Public Sector
Type of Organization: State government agencies
Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: NONE
Does the organization provide direct services to homeless people? Yes
Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills

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

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>City of Asheville Community Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership:</td>
<td>Public Sector</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td>Type of Organization:</td>
<td>Local government agencies</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
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<tr>
<td>Role(s) of the organization:</td>
<td>Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
<tr>
<td>Subpopulation(s) represented by the organization:</td>
<td>NONE</td>
</tr>
<tr>
<td>(No more than two subpopulations)</td>
<td></td>
</tr>
<tr>
<td>Does the organization provide direct services to homeless people?</td>
<td>No</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
</tbody>
</table>
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: Housing Authority of the City of Asheville

Type of Membership: Public Sector

Type of Organization: Public housing agencies

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

Subpopulation(s) represented by the organization:
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
Not Applicable
1D. Continuum of Care (CoC) Member Organizations Detail

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

Name of organization or individual: Buncombe County Schools Homeless Liaison

Type of Membership: Public Sector

Type of Organization: School systems/Universities

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Youth

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
1D. Continuum of Care (CoC) Member Organizations Detail

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

Name of organization or individual: Asheville Police Department

Type of Membership: Public Sector

Type of Organization: Law enforcement/corrections

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
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: Pisgah Legal Services

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Legal Assistance

(select all that apply)
1D. Continuum of Care (CoC) Member Organizations Detail

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

Name of organization or individual: Homeward Bound

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Rental Assistance
(select all that apply)
1D. Continuum of Care (CoC) Member Organizations Detail

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

Name of organization or individual: Helpmate

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance
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: First at Blue Ridge

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, Employment
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: Lifeboat Recovery Center

Type of Membership: [Private Sector]
Type of Organization: [Non-profit organizations]

Role(s) of the organization: [Primary Decision Making Group, Committee/Sub-committee/Work Group]

Subpopulation(s) represented by the organization: [Substance Abuse]

Does the organization provide direct services to homeless people?: Yes

Services provided to homeless persons and families: [Education, Case Management, Alcohol/Drug Abuse]
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: Next Step Recovery

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: Primary Decision Making Group, Committee/Subcommittee/Work Group

Subpopulation(s) represented by the organization: Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Mental health, Alcohol/Drug Abuse, Employment

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

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

Name of organization or individual: Asheville-Buncombe Community Christian Ministries

Type of Membership: Private Sector

Type of Organization: Faith-based organizations

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

Subpopulation(s) represented by the organization: Veterans

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, Mortgage Assistance, Healthcare, Transportation, Rental Assistance, Employment
# 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

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>Western Carolina Rescue Ministries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Membership:</strong></td>
<td>Private Sector</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td><strong>Type of Organization:</strong></td>
<td>Faith-based organizations</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
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</tr>
<tr>
<td><strong>Role(s) of the organization:</strong></td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
<tr>
<td><strong>Subpopulation(s) represented by the organization:</strong></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>(No more than two subpopulations)</td>
<td></td>
</tr>
<tr>
<td><strong>Does the organization provide direct services to homeless people?</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
<td>Counseling/Advocacy, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
</tbody>
</table>
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: Salvation Army

- Type of Membership: Private Sector
- Type of Organization: Faith-based organizations
- Role(s) of the organization: Primary Decision Making Group, Committee/Subcommittee/Work Group
- Subpopulation(s) represented by the organization: NONE
- Does the organization provide direct services to homeless people? Yes
- Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail
**Instructions:**
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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Church of the Advocate

**Type of Membership:** Private Sector

**Type of Organization:** Faith-based organizations

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

**Subpopulation(s) represented by the organization:** NONE

**Does the organization provide direct services to homeless people?** Yes

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

**1D. Continuum of Care (CoC) Member Organizations Detail**
Instructions:
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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way 211

Type of Membership: Private Sector

Type of Organization: Funder advocacy group

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

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)
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: Asheville Homeless Network

Type of Membership: Private Sector

Type of Organization: Funder advocacy group

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

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
Name of organization or individual: Mountain Housing Opportunities

Type of Membership: Private Sector

Type of Organization: Businesses

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** WNC Housing, Inc.

**Type of Membership:** Private Sector

**Type of Organization:** Businesses

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** 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: Sarver Housing Group

Type of Membership: Private Sector

Type of Organization: Businesses

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

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:** Mission Hospitals

**Type of Membership:** Private Sector

**Type of Organization:** Hospitals/med representatives

**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

**Subpopulation(s) represented by the organization:** NONE

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:**
- Healthcare
- Mental health
- Alcohol/Drug Abuse
- HIV/AIDS

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**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: Western North Carolina Community Health Services

Type of Membership: Private Sector

Type of Organization: Hospitals/med representatives

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

Subpopulation(s) represented by the organization: HIV/AIDS

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, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance

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: Western Highlands LME

Type of Membership: Public Sector

Type of Organization: State government agencies

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

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: 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: Veterans Administration Medical Center

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

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

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

Does the organization provide direct services to homeless people? Yes

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

1D. Continuum of Care (CoC) Member Organizations Detail
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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mental Health Association PATH Program

Type of Membership: Private Sector

Type of Organization: Hospitals/med representatives

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail
Name of organization or individual: RHA Health Services, Inc.

Type of Membership: Private Sector

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

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

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

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: Moss Bliss

Type of Membership: Individual
Type of Organization: Homeless

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

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: Coalition of Asheville Neighborhoods

Type of Membership: Private Sector

Type of Organization: Funder advocacy group

Role(s) of the organization: Primary Decision Making Group, Attend 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: Buncombe County Department of Social Services

Type of Membership: Public Sector

Type of Organization: Local government agencies

Role(s) of the organization: Primary Decision Making Group, Committee/Subcommittee/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: 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, Street Outreach, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

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

**Name of organization or individual:** Beulah Foundation

**Type of Membership:** Private Sector

**Type of Organization:** Faith-based organizations

**Role(s) of the organization:** Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** Substance Abuse

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Alcohol/Drug Abuse
Instructions:
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the CoC planning process. For each member organization, provide information on the following:
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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Buncombe County Human Services

Type of Membership: Public Sector

Type of Organization: Local government agencies

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-
committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12
months

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: Carolina Homeless Information Network

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: Primary Decision Making Group

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable

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

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

**Name of organization or individual:**  Eblen Kimmel Charities

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

**Role(s) of the organization:**  Primary Decision Making Group, Attend Consolidated Plan focus groups/public forums during past 12 months

**Subpopulation(s) represented by the organization:**  NONE

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:** Case Management, Utilities Assistance, Mortgage Assistance, Healthcare, Rental Assistance, Soup Kitchen/Food Pantry

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: Oasis

Type of Membership: Private Sector

Type of Organization:
Non-profit organizations

Role(s) of the organization:
Primary Decision Making Group, Committee/Subcommittee/Work Group

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

Does the organization provide direct services to homeless people?
Yes

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

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

Instructions:
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- Organization name
- Type of membership
- Type of organization
- Role in the CoC planning process
- Subpopulations represented
- Services provided, if applicable

**Name of organization or individual:** OnTrack Financial Education & Counseling

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

**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

**Subpopulation(s) represented by the organization:** NONE

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education

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**1D. Continuum of Care (CoC) Member Organizations Detail**
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- Type of membership
- Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented
- No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Women At Risk

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group

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

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

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

Name of organization or individual: Gerald Hixson

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

Type of Organization: Homeless
(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: 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: Gordon Smith

Type of Membership: Individual

Type of Organization: Other

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable

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: Dan Garrett

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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: Stephen Bolden

Type of Membership: Individual

Type of Organization: Other

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable

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: Wanda Lanier

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

Type of Organization: Other
(Content depends on "Type of Member" 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:
(No more than two subpopulations)
NONE

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:** Asheville Buncombe Technical College

**Type of Membership:** Public Sector

**Type of Organization:** School systems/Universities

**Role(s) of the organization:** Committee/Sub-committee/Work Group

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

**Does the organization provide direct services to homeless people?** No

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

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

**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: Asheville City Schools Homeless Liaison

<table>
<thead>
<tr>
<th>Type of Membership:</th>
<th>Public Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Organization:</td>
<td>School systems/Universities</td>
</tr>
</tbody>
</table>

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

Subpopulations represented by the organization: Youth

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education

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: Buncombe County Human Services Team

Type of Membership: Public Sector

Type of Organization: Local government agencies

Role(s) of the organization:
- Lead agency for 10-year plan, Committee/Sub-
  committee/Work Group, Attend 10-year planning
  meetings during past 12 months

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

Does the organization provide direct services to homeless people?
- No

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

1D. Continuum of Care (CoC) Member Organizations Detail
Instructions:
Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name: Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Biltmore Transitional Housing

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization:
(Select all that apply) Committee/Sub-committee/Work Group, 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, Case Management, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail
Instructions:
Provide information about each CoC member organization, including individuals that are part of
the CoC planning process. For each member organization, provide information on the following:
- Organization name: Enter the name of the organization or individual. If the individual is a victim
  of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Family Preservation Services

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

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) Primary Decision Making Group, 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? Yes

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

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

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>Haywood St. UMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership:</td>
<td>Private Sector</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td>Type of Organization:</td>
<td>Faith-based organizations</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
</tr>
<tr>
<td>Role(s) of the organization:</td>
<td>Primary Decision Making Group, Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
<tr>
<td>Subpopulation(s) represented by the organization:</td>
<td>NONE</td>
</tr>
<tr>
<td>(No more than two subpopulations)</td>
<td></td>
</tr>
<tr>
<td>Does the organization provide direct services to homeless people?</td>
<td>Yes</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
<td>Counseling/Advocacy, Street Outreach</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
</tbody>
</table>

| 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: Hands On Asheville-Buncombe

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Life O'Mike

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

**Role(s) of the organization:**
Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

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

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
Counseling/Advocacy

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

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

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

Name of organization or individual: PATH

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

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

Does the organization provide direct services to homeless people: Yes

Services provided to homeless persons and families: Street Outreach

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

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

**Name of organization or individual:** Trinity Place

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** Youth

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management

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

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

**Name of organization or individual:** Unitarian Universalist Congregation of Asheville (UUCA)

**Type of Membership:** Private Sector

**Type of Organization:** Faith-based organizations

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

**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
Name of organization or individual: Warren Wilson College

Type of Membership: Private Sector

Type of Organization: Other

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Education
1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

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

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

Open Solicitation Methods:  (select all that apply)

f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

Rating and Performance Assessment Measure(s):  (select all that apply)

g. Site Visit(s), e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, r. Review HMIS participation status, f. Review Unexecuted Grants, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, p. Review Match, i. Evaluate Project Readiness

Voting/Decision-Making Method(s):  (select all that apply)
a. Unbiased Panel/Review Commitee, 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):

The number of emergency shelter beds decreased by 51. Overall, there was growth/loss of beds by 1-2 beds per agency due to responsiveness to community need. The major decrease in beds is due to the closure of all emergency beds by ABCCM's Steadfast House, which is now a transitional housing program.

**Safe Haven:** No

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

**Transitional Housing:** Yes

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

There was a net increase in the number of transitional housing beds by 62 because the ABCCM Steadfast House moved all emergency beds to transitional housing beds. In addition, ABCCM's Veteran's Quarters completed the final phase of development and was able increase the number of transitional beds available.

**Permanent Housing:** Yes

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

There was a net increase of 70 PSH beds, due primarily to an increase in VASH vouchers made available to our community and the fact that the ABCCM Veteran's Quarters completed the final phase of development and was able to increase the number of PSH beds available.
CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes
1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

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

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

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

Must specify other:

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

Specify "other" data types:
If more than one method was selected, describe how these methods were used together (limit 750 characters):
The Housing Inventory was used to inform discussion and provide factual information about current housing inventory and trends in housing inventory. At the annual stakeholder’s meeting that includes providers, people experiencing homelessness or those who have experienced homelessness, and other community members, unmet need is discussed.
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
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:

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: ServicePoint
If "Yes" list the name of the product: Bowman Systems, Inc.

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): 05/01/2006

Indicate the challenges and barriers impacting the HMIS implementation:
Inadequate staffing, Inadequate bed coverage for AHAR participation, Poor data quality, No or low participation by non-HUD funded providers, Inadequate resources

Applicant: Asheville/Buncombe County CoC
Project: NC-501 CoC Registration 2010
COC_REG_2010_019755
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).

Our Continuum works with HUD funded/non-HUD funded agencies of the homeless service system to encourage participation in HMIS. The continuum uses outreach and support for new and existing users, offering useful standardized and customized reporting, end user certification, refresher trainings, and technical assistance. This year a key agency joined, allowing for much greater coverage. To improve data quality, we review monthly data quality reports, including AHAR details, produced by CHIN. Along with McKinney Vento funded agencies, all agencies receiving funding from Asheville City and Buncombe County are required to actively use HMIS. Work Study students work with at-risk agencies or those with high-volumes of clients to augment staffing and resource issues. A team of agencies and researchers is meeting to identify resources needed to meet the community's HMIS goals and overcome the impact that limited staffing and capacity have on our community's ability to fully implement HMIS.
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: Raleigh
City: North Carolina
State: North Carolina
Zip Code: 27605

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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>86%+</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>No beds in CoC</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>65-75%</td>
</tr>
<tr>
<td>Permanent Housing (PH) Beds</td>
<td>76-85%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Records with no values (%)</th>
<th>Records where value is refused or unknown (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Social Security Number</td>
<td>1%</td>
<td>5%</td>
</tr>
<tr>
<td>* Date of Birth</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Ethnicity</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Race</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Veteran Status</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>* Disabling Condition</td>
<td>0%</td>
<td>16%</td>
</tr>
<tr>
<td>* Residence Prior to Program Entry</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>* Zip Code of Last Permanent Address</td>
<td>0%</td>
<td>20%</td>
</tr>
<tr>
<td>* Name</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

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

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):
CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report that provides agencies and our CoC with an overview of data completeness, utilization rates, and inventory. Additionally, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and clients not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

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

A commitment to accurate data entry, including program entry and exit dates, begins when agencies sign their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN’s Standard Operating Policies which explicitly cover all HUD required data elements. Agencies and end users are reminded of the policies again during certification training. Program entry and exit dates are covered specifically in all training materials. Program enrollment figures are included as elements on CHIN’s monthly Data Quality Reports. CHIN staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

Indicate which reports the CoC or subset of the CoC submitted usable data:  
2009 AHAR

Indicate which reports the CoC or subset of the CoC plans to submit usable data:  
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 Semi-annually

**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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Unique user name and password</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Secure location for equipment</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Locking screen savers</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Virus protection with auto update</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Individual or network firewalls</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Restrictions on access to HMIS via public forums</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Compliance with HMIS Policy and Procedures manual</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Validation of off-site storage of HMIS data</td>
<td>At least Annually</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Privacy/Ethics training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Data Security training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Data Quality training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Using Data Locally</td>
<td>At least Quarterly</td>
</tr>
<tr>
<td>* Using HMIS data for assessing program performance</td>
<td>At least Semi-annually</td>
</tr>
<tr>
<td>* Basic computer skills training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* HMIS software training</td>
<td>At least Monthly</td>
</tr>
</tbody>
</table>
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:

01/27/2010

(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).
We had essentially no change in our sheltered population. We suspect that while we have been successful in increasing the number of people accessing permanent, supportive housing, and our efforts to prevent homelessness or rapidly re-house households, the strain of economic issues and availability of services led a similar count from the prior year. Our unsheltered count decreased because we have implemented outreach and housing programs that have helped people experiencing chronic homelessness move off the streets and into housing. We do not want to discount weather - it was raining/cold the night of the count so it may have been harder to access people. However, outreach workers trained in point in time count methods who also participated last year reported that some of the camps usually active were no longer in use, indicating that outreach and housing/services have made an impact on the number of people sleeping in unsheltered settings.
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 "guesstimates." 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: X
HMIS: X
Extrapolation:
Other:

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).

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

Shelters and housing providers complete their count after they close their doors. An individual survey that provides data necessary to complete the Point in Time Count is completed by each client. Providers speak with each participant to determine answers to the survey. Some clients choose to complete the survey on their own, others prefer that a staff member complete the survey with them. Some clients may not want to speak with staff at all, at that point staff can use client files and/or their knowledge of the client to answer questions.

HMIS data is available through an HMIS Point in Time Count report that can be accessed within 24 hours of the Point in Time date.
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):

<table>
<thead>
<tr>
<th>Method</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS</td>
<td>X</td>
</tr>
<tr>
<td>HMIS plus extrapolation</td>
<td></td>
</tr>
<tr>
<td>Sample of PIT interviews plus extrapolation</td>
<td></td>
</tr>
<tr>
<td>Sample strategy</td>
<td></td>
</tr>
<tr>
<td>Provider expertise</td>
<td>X</td>
</tr>
<tr>
<td>Interviews</td>
<td>X</td>
</tr>
<tr>
<td>Non-HMIS client level information</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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).
Our CoC uses a survey with HUD-designated questions that providers fill out with or for each participant. The survey is anonymous and voluntary. If people do not complete it, the provider will attempt to get verbal answers from the client.
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)

<table>
<thead>
<tr>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training: X</td>
</tr>
<tr>
<td>Remind/Follow-up: X</td>
</tr>
<tr>
<td>HMIS: X</td>
</tr>
<tr>
<td>Non-HMIS de-duplication tech: X</td>
</tr>
<tr>
<td>None:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

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).

Shelter and housing providers all complete the count on the same night in order to minimize duplication. They interview people after they close their doors for the night to limit duplication with other services. They individually interview each person and ask them if they have already been interviewed. Additionally, the interview form asks for initials of the person and includes their birth date so that subsequent review of the surveys can further reduce duplication.
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: X
- Public places count with interviews: X
- Service-based count:
  - HMIS: X
- Other:

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:

A Combination of 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: X
- HMIS: X
- De-duplication techniques: X
- Other:

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):

People experiencing homelessness are notified that a count will be occurring ahead of time by outreach workers. Outreach workers identify "sections" of the coverage area and then implement the count at the same time to reduce duplication. Volunteers are trained ahead of time. Surveys, which include a screening question to verify homeless status, include a space for people to provide (self-identified) initials to minimize duplication. On the day following the count, outreach workers staff the day center and ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time.
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):

Women & children’s beds at Western Carolina Rescue Ministries, a father-child shelter room at the Salvation Army, increased space at the domestic violence shelter, and availability of veteran-specific section-8 vouchers prioritize families, in tandem with collaborative outreach efforts among agencies to reach out to unsheltered families is expected to reduce the number of unsheltered households with dependent children.

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

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

We have received an additional 35 VASH vouchers and have been notified that additional VASH vouchers will be accessed through the VA. A collaboration between the Housing Authority, the City of Asheville, and the VA will ensure that veterans experiencing chronic homelessness will be able to access housing using VASH vouchers. Secondly, a sub-group of the Homeless Initiative Advisory Committee/Homeless Coalition has housed 35 people by making use of a chronic-homeless priority developed by the Housing Authority and outreach and case management accessed through multiple sources. Additional funding is currently being sought to strengthen this program.

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).
Asheville continues to implement the affordable housing plan, which identified a series of steps that will increase affordable housing and housing for the homeless. The CoC will work on implementation of several strategies including: revisions to the City's Housing Trust Fund, review of policy and procedure that can encourage affordable housing development, developing local subsidies for renters, and creating a homeless priority for Section 8 vouchers. In addition, a CoC member who is a local non-profit developer has partnered with the VA to develop new permanent, supportive housing beds for Veterans using an existing unused building. Increased participation by faith groups promises to render funds for housing and services that will be used for permanent, supportive housing beds for people experiencing chronic homelessness.

How many permanent housing beds do you currently have in place for chronically homeless persons? 192

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 227

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 267

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 345
3A. Continuum of Care (CoC) Strategic Planning

Objectives

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

Instructions:

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

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

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

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

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

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

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

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

97
In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 95

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

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

We have reached the threshold and hope to exceed it through a renewed focus on Permanent, Supportive Housing. An example of the renewed focus is the Veteran's Quarter's interest in developing permanent housing at their new location, something they had not been able to do while located at their prior location. Agencies with transitional housing programs have strengthened their intake and collaboration with other housing programs to better target services for clients. WNCCHS Interlace program aids tenants with a housing search and, at the end of the program, tenants have the opportunity to take over the rent, creating a permanent housing option. Those that want other housing are offered housing search services in order to help tenants move into permanent housing.

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

Local funders including the City of Asheville and Buncombe County, are working together to fund programs that are able to report on permanent housing outcomes, which will promote a focus on permanent housing. Additionally, the CoC expects to see continuing increases in funding for supportive, housing stabilization services that will allow people to transition into permanent housing. An example of this are new case management/housing stabilization positions at the Housing Authority and Homeward Bound that will help people maintain housing or, if they have to leave, do so without damaging their rental/credit history.
What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 67

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

In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 72

In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 75
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).

Many of our programs focus on clients who are disabled, and therefore, unable to be employed. Our Shelter Plus Care programs, by definition, are populated with clients who have a disabling condition. Clients in the Safe Haven program often have disabling conditions that limit or prohibit their ability to maintain employment; for these clients, the focus is on accessing a stable income through disability benefits through the use of our SOAR (SSI/SSDI Outreach and Recovery Program). Through creative problem solving and careful evaluation, the intention is to identify as many people as possible who can obtain employment and work with existing employment agencies and educational centers to connect people with work. Over the next 12 months, agencies will work with each individual to create a plan for gaining employment or entitlement benefits. Additionally, recent changes in our Interlace program will provide participants greater opportunities to reach employment.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).
The CoC intends to work closely with the Employment Security Commission and Vocational Rehabilitation programs, as well as employment programs offered through AB Tech designed for people like those who have experienced homelessness to identify people who are not working and do not have a disabling condition that prevents them from working, help them develop a plan, and gain employment. Early identification will help employment programs understand the individual’s housing goals and offer job training and placement that will help the individual maintain their housing over time. In addition, building relationships with local employers and local income support agencies will develop opportunities for people who are formerly homeless.

What is the current percentage of participants in all CoC funded projects that are employed at program exit? 11

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

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

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit? 25
3A. Continuum of Care (CoC) Strategic Planning

Objectives

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

Instructions:

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

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

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

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

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

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

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

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 40

In 12-months, what will be the total number of homeless households with children? 35

In 5-years, what will be the total number of homeless households with children? 30

Applicant: Asheville/Buncombe County CoC

Project: NC-501 CoC Registration 2010

Exhibit 1 2010 Page 96 11/18/2010
In 10-years, what will be the total number of homeless households with children? 25
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):
Foster Care social workers coordinate with permanent housing providers to locate permanent housing placements for Foster Care clients before discharge. The MOA signed between our Continuum and the Buncombe County Department of Social Services confirms that no one will be discharged to homelessness.

Health Care:
We work closely with Mission Hospitals, the regional primary care hospital in Western North Carolina and its social work and discharge planning staff to identify appropriate strategies and placement for persons being discharged. Hospital staff have participated in SOAR trainings and are working with CoC members to improve access to disability income for homeless people who are frequently accessing hospital services. In addition, hospitals are encouraged to work with CoC members and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital.
Mental Health:

Our Continuum of Care has worked with NC Interagency Council for Coordinating Homeless Programs (ICCHP) members from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (The Divisions) to refine and implement protocols related to discharge of homeless people from state mental health hospitals and substance abuse treatment facilities. The Division's Office of State Operated Services and the ICCHP co-sponsored three regional trainings on appropriate discharge practices, and these trainings prepared both the Continua and the state's hospitals and treatment centers to refine their discharge practices. These protocols have been finalized in MOAs that are signed by each hospital, treatment program, and the CoC. The MOA ensures that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. FY 2009 data indicates that 82% of people discharged from mental health institutions go to other outpatient and residential non-state facilities.

Corrections:

The NC Interagency Council for Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Correction (DOC). DOC representatives have been participating on the ICCHP's Discharge Planning Workgroup for over 4 years. In addition, representatives from DOC participated in this year's ICCHP co-sponsored trainings on homelessness and discharge planning. Prisons across NC are not allowed to sign MOAs with local Continua; instead all MOAs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. We anticipate the protocols will be implemented by winter 2010. In addition, the CoC has developed a MOA with the local county jail. The MOA confirms that the jails will not discharge anyone into a McKinney-Vento funded facility that does not meet HUD's definition of an eligible homeless person. In addition, jail staff are invited to participate in local COC meetings. FY2009 data indicates that approximately 91% of offenders are discharged to family, friends or own home.
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:

- HMIS will be implemented to: a. Link all services;
- c. Screen for program eligibility;
- e. Gather data needed to monitor progress.

2. Prevention
   - a. Coordinate and expand short-term financial, counseling, and legal assistance to avoid homelessness;
   - b. Assess the eligibility of assisted households for mainstream programs and provide effective links;
   - c. Improve discharge planning for people leaving public institutions such as hospitals, prisons, jail, foster care, transitional programs, recovery programs, and half-way houses;
   - d. Establish zero-tolerance for discharge to homelessness;
   - e. Utilize the United Way 211 system for referrals;
   - f. Educate landlords on homelessness and services available.

3. Permanent housing for all homeless:
   - a. Create new permanent supportive housing units with project-based housing subsidies for persons with serious and persistent disabilities.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

Members of the CoC are subgrantees, tasked with implementing Asheville’s HPRP. Other CoC members have committed to referring and accepting appropriate referrals from HPRP agencies. Discussions on how best to use HPRP in the context of existing financial assistance & housing stabilization programs will take place on an ongoing basis.
Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The CoC has taken the lead in facilitating communication among key agencies that can support the VASH program to better identify, support, and house people within the guidelines of the grant. American Recovery and Reinvestment Act funds are supporting a weatherization program, which will accept referrals from the CoC, including VASH and HPRP programs.

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

If yes, please describe the established policies that are in currently in place. Homeless providers work directly with Homeless School Liaisons in Asheville and Buncombe county schools to ensure students are enrolled and receiving all appropriate services. MOAs are signed when necessary.

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 Asheville and Buncombe County school homeless liaisons participate in monthly Homeless Coalition and Homeless Advisory meetings, offer meetings/trainings that bring together school professionals and homeless service providers in order to help identify, outreach to, and support families that are homeless or at imminent risk of homelessness, and work directly with our local 211 information line to ensure that people seeking support have access to available resources.

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)

This year a new program was developed to augment ARRA HPRP dollars, offering financial assistance and housing stabilization services to households with school age children. This offers the opportunity for families to be diverted from shelters. Households do enter shelters or transitional housing have access to trained agency staff and homeless school liaisons to develop and implement appropriate educational plans for students.

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)
Lead agencies serving veterans experiencing homelessness: ABCCM (emergency, transitional, and permanent housing plus case management, employment, and life skills), Charles George VA Hospital (street & jail outreach, case management/per diem, VASH), First at Blue Ridge (recovery services). Additionally, City of Asheville TBRA funds administered by the Housing Authority have been paired with VASH to ensure that chronically homeless veterans have all necessary funds to move into housing. The VA presented strategic goals to ending homelessness among veterans to the Advisory Committee, which will work to support and implement associated action steps as appropriate. The national hotline for homeless veterans is accessible and advertised locally. Information sharing between veteran-specific programs and the larger homeless coalition occurs at Homeless Coalition meetings, allowing strategic goals to be met while meeting the needs of veterans.
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 its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 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.

<table>
<thead>
<tr>
<th>Objective</th>
<th>2009 Proposed Numeric Achievement</th>
<th>Actual Numeric Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create new permanent housing beds for the chronically homeless.</td>
<td>213 Beds</td>
<td>192 Beds</td>
</tr>
<tr>
<td>Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.</td>
<td>70%</td>
<td>25%</td>
</tr>
<tr>
<td>Increase percentage of homeless persons employed at exit to at least 20%</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td>Decrease the number of homeless households with children.</td>
<td>35 Households</td>
<td>37 Households</td>
</tr>
</tbody>
</table>

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.

Goal 4: Many of the people who are receiving permanent, supportive housing services have a disabling condition that prohibits them from employment, which causes our percent of individuals employed at exit to seem lower. If the question were to ask how many people had an income, our percentage would be higher because we are diligent in accessing SSI/SSDI benefits for people who are simply not able to work.

Goal 5: We were only 1 family away from our goal. We believe that we were unable to reach our goal because of the devastating effect of the recession in our area that lead to higher rates of unemployment and foreclosure.
4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoC’s 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of CH Persons</th>
<th>Number of PH beds for the CH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>175</td>
<td>142</td>
</tr>
<tr>
<td>2009</td>
<td>180</td>
<td>178</td>
</tr>
<tr>
<td>2010</td>
<td>187</td>
<td>192</td>
</tr>
</tbody>
</table>

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.

14

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.
<table>
<thead>
<tr>
<th>Cost Type</th>
<th>HUD McKinney-Vento</th>
<th>Other Federal</th>
<th>State</th>
<th>Local</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operations</td>
<td>$22,378</td>
<td>$171,721</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$22,378</td>
<td>$171,721</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):
4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC-funded non-HMIS projects are required to submit an Annual 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 fields 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)

<table>
<thead>
<tr>
<th>Participants in Permanent Housing (PH)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of participants who exited permanent housing project(s)</td>
<td>31</td>
</tr>
<tr>
<td>b. Number of participants who did not leave the project(s)</td>
<td>69</td>
</tr>
<tr>
<td>c. Number of participants who exited after staying 6 months or longer</td>
<td>31</td>
</tr>
<tr>
<td>d. Number of participants who did not exit after staying 6 months or longer</td>
<td>60</td>
</tr>
<tr>
<td>e. Number of participants who did not exit and were enrolled for less than 6 months</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL PH (%)</td>
<td>91</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Participants in Transitional Housing (TH)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of participants who exited TH project(s), including unknown destination</td>
<td>22</td>
</tr>
<tr>
<td>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL TH (%)</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>
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: 54

<table>
<thead>
<tr>
<th>Mainstream Program</th>
<th>Number of Exiting Adults</th>
<th>Exit Percentage (Auto-calculated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>SSDI</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>Social Security</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General Public Assistance</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TANF</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SCHIP</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Employment Income</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Veterans Health Care</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medicaid</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other (Please specify below)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Unknown/School Loans</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

The percentage values will be calculated by the system when you click the "save" button.
Does the CoC have any non-HMIS projects for which an APR was required to be submitted?

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

Instructions:

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

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

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

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No
4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

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

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

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

APRs are analyzed annually as a part of the CoC process by the CoC coordinator who provides feedback to agencies.

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.

A sub-committee of the Homeless Initiative Group meets with mainstream resources to identify how homeless programs and mainstream programs can work with each other and communicates action steps to the Advisory Committee and Homeless Coalition.

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

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

If yes, identify these staff members Provider Staff

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

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

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

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</td>
<td>91%</td>
</tr>
<tr>
<td>At intake, clients and case managers discuss client needs and develop a plan to access mainstream resources. Case managers help with the plan.</td>
<td></td>
</tr>
<tr>
<td>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</td>
<td>82%</td>
</tr>
<tr>
<td>3. Homeless assistance providers use a single application form for four or more mainstream programs: 3a Indicate for which mainstream programs the form applies:</td>
<td>27%</td>
</tr>
<tr>
<td>Food Stamps, Medicaid, Work First, WIC</td>
<td></td>
</tr>
<tr>
<td>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. 4a. Describe the follow-up process:</td>
<td>91%</td>
</tr>
<tr>
<td>After clients have initiated the application process, staff follow-up with them. In some cases, if client has provided permission, staff follow-up directly with the mainstream benefit provider.</td>
<td></td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Date Submitted</th>
<th>Grant Term</th>
<th>Applicant Name</th>
<th>Budget Amount</th>
<th>Proj Type</th>
<th>Prog Type</th>
<th>Comp Type</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodfin Apartment.</td>
<td>2010-11-15</td>
<td>1 Year</td>
<td>Housing Authority...</td>
<td>80,244</td>
<td>Renewal Project</td>
<td>S+C</td>
<td>PRA</td>
<td>U</td>
</tr>
<tr>
<td>Pathways to Perma...</td>
<td>2010-11-11</td>
<td>2 Years</td>
<td>Homeward Bound of...</td>
<td>44,320</td>
<td>New Project</td>
<td>SHP</td>
<td>PH</td>
<td>P1</td>
</tr>
<tr>
<td>A HOPE Supportive...</td>
<td>2010-10-25</td>
<td>1 Year</td>
<td>Homeward Bound of...</td>
<td>35,000</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>PH</td>
<td>F</td>
</tr>
<tr>
<td>A HOPE Day Center...</td>
<td>2010-10-25</td>
<td>1 Year</td>
<td>Homeward Bound of...</td>
<td>147,886</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>SSO</td>
<td>F</td>
</tr>
<tr>
<td>Bridge to Recovery</td>
<td>2010-11-11</td>
<td>1 Year</td>
<td>Housing Authority...</td>
<td>167,472</td>
<td>Renewal Project</td>
<td>S+C</td>
<td>SRA</td>
<td>U</td>
</tr>
<tr>
<td>Shelter Plus Care</td>
<td>2010-11-16</td>
<td>1 Year</td>
<td>Western Highlands.</td>
<td>265,344</td>
<td>Renewal Project</td>
<td>S+C</td>
<td>TRA</td>
<td>U</td>
</tr>
<tr>
<td>Pathways to Perma...</td>
<td>2010-11-18</td>
<td>1 Year</td>
<td>Homeward Bound of...</td>
<td>22,339</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>PH</td>
<td>F</td>
</tr>
<tr>
<td>Interlace</td>
<td>2010-11-17</td>
<td>1 Year</td>
<td>Western North Car...</td>
<td>260,360</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>TH</td>
<td>F</td>
</tr>
</tbody>
</table>

*Applicant: Asheville/Buncombe County CoC
Project: NC-501 CoC Registration 2010
COC_REG_2010_019755*
Budget Summary

FPRN $465,585
Permanent Housing Bonus $44,320
SPC Renewal $513,060
Rejected $0
## Attachments

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification of Consistency with the Consolidated Plan</td>
<td>Yes</td>
<td>NC 501 CoC Certif...</td>
<td>11/17/2010</td>
</tr>
</tbody>
</table>

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Applicant: Asheville/Buncombe County CoC
Project: NC-501 CoC Registration 2010
Attachment Details

**Document Description:** NC 501 C0C Certification of Consistency, Project List Attached