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# 2006 Exhibit 1: Continuum of Care (CoC) Application

**U.S. Department of Housing  
and Urban Development**  
Office of Community Planning and Development

OMB Approval No. 2506-0112  
(exp. 3/31/2009)

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The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 170 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).**

## **NEWPORT NEWS/HAMPTON/VIRGINIA PENINSULA COC VA-505**

## **GREATER VIRGINIA PENINSULA CONTINUUM OF CARE COUNCIL 2006 SUBMISSION**

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# 2006 Continuum of Care Application: Exhibit 1

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## Part I: CoC Organizational Structure

|  |                    |
|--|--------------------|
| <b>HUD-defined CoC Name:*</b>  | <b>CoC Number*</b> |
| <b>Newport News/Hampton/Virginia Peninsula CoC</b>   | <b>VA-505</b>      |
| *HUD-defined CoC names and numbers are available at: <a href="http://www.hud.gov/offices/adm/grants/fundsavail.cfm">www.hud.gov/offices/adm/grants/fundsavail.cfm</a> . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number. |                    |

### A: CoC Lead Organization Chart

|   |  |                          |
|---|--|--------------------------|
| <b>CoC Lead Organization: <u>Greater Virginia Peninsula Continuum of Care Council</u></b> |  |                          |
| <b>CoC Contact Person: <u>Stacie Walls-Beegle</u></b>                                     |  |                          |
| <b>Contact Person's Organization Name: <u>Full Circle/CANDII</u></b>                      |  |                          |
| <b>Street Address: <u>222 W. 21<sup>st</sup> Street, Suite F-308</u></b>                  |  |                          |
| <b>City: <u>Norfolk</u></b>   | <b>State: <u>VA</u></b>                | <b>Zip: <u>23517</u></b> |
| <b>Phone Number: <u>757.640.0929</u></b>  | <b>Fax Number: <u>757.622.8932</u></b> |                          |
| <b>Email Address: <u>swallsbeegle@candii.com</u></b>                                      |  |                          |

CoC-A

### B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for every city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

| Geographic Area Name     | 6-digit Code  |
|--------------------------|---------------|
| <b>Hampton</b>           | <b>510720</b> |
| <b>Newport News</b>      | <b>511098</b> |
| <b>James City County</b> | <b>519095</b> |
| <b>York County</b>       | <b>519199</b> |
| <b>Poquoson City</b>     | <b>519735</b> |
| <b>Williamsburg City</b> | <b>519830</b> |
|                          |               |
|                          |               |
|                          |               |

| Geographic Area Name | 6-digit Code |
|----------------------|--------------|
|                      |              |
|                      |              |
|                      |              |
|                      |              |
|                      |              |
|                      |              |
|                      |              |
|                      |              |

CoC-B

# CoC Structure and Decision-Making Processes

## C: CoC Groups and Meetings Chart

| CoC-Related Planning Groups                                    |  | Meeting Frequency |           |            |          | Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart. |
|--|--|-------------------|-----------|------------|----------|---|
|  |  | Monthly or More   | Quarterly | Biannually | Annually |   |
| <b>COC Primary Decision-Making Group (list only one group)</b> |  |                   |           |            |          |   |
| Name:  | <b>GVPCCC Task Force on Homelessness</b>   | <b>X</b>          |           |            |          | <b>42</b>   |
| Role:  | <b>Sets agenda, addresses homeless issues and problems, sits on Mayors Commission on Homelessness, oversee sub-committee process, ensure policies are complied, ensure open and fair process, address concerns and grievances (if any), oversees strategic planning process.</b>   |                   |           |            |          |   |
| <b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>  |  |                   |           |            |          |   |
| Name:  | <b>Regional Resources Committee</b>  | <b>X</b>          |           |            |          | <b>5</b>  |
| Role:  | <b>Monitors mainstream benefits programs, requirements and funding levels and reports to Task Force; lists relative private, state, local and federal funding and eligibility requirements.</b>  |                   |           |            |          |   |
| Name:  | <b>Inventory and Needs Committee</b>   | <b>X</b>          |           |            |          | <b>12</b>   |
| Role:  | <b>Maintains inventory of beds in local homeless housing providers. Responsible for annual Point in Time counts for region and leading discussions regarding unmet needs.</b>  |                   |           |            |          |   |
| Name:  | <b>Project Monitoring Committee</b>  | <b>X</b>          |           |            |          | <b>11</b>   |
| Role:  | <b>Provides year-round monitoring of existing HUD-funded homeless projects - annual site reviews, finances, outcomes and utilization; sets annual project prioritization efforts; informs region of submission requirements; names non-conflicting review panel, reviews hold-harmless levels.</b>   |                   |           |            |          |   |
| Name:  | <b>Chronic Homeless Assessment Team</b>  | <b>X</b>          |           |            |          | <b>6</b>  |
| Role:  | <b>Maintains dialogue among service providers on effective and best practices regarding housing and services to the chronic homeless. Sits on and provides data to the Mayors Commission on Homelessness address 10 year plan to end homelessness. Monitors funding and makes regional recommendations targeted to chronic homelessness.</b> |                   |           |            |          |   |
| Name:  | <b>Virginia Inter-Agency Council on Homelessness Rep</b>   |                   | <b>X</b>  |            |          | <b>1</b>  |
| Role:  | <b>Sits on (and this year Chairs) the state-wide effort to collaboratively address homelessness in the state, monitor and recommend changes to the state plan to end homelessness, provide effective communication between regional and state efforts, focuses on policy impacts at local level.</b>   |                   |           |            |          |   |
| Name:  | <b>HMIS Oversight Committee</b>  |                   | <b>X</b>  |            |          | <b>30</b>   |
| Role:  | <b>Develops regional HMIS communications, data needs, and partnership agreements. Monitors program administration. Addresses problems and concerns as they arise.</b>  |                   |           |            |          |   |
| Name:  | <b>Local Shelter Referral Process Committee</b>  |                   | <b>X</b>  |            |          | <b>10</b>   |
| Role:  | <b>Provides effective partnerships in the case of emergencies – natural and agency-specific. Develops and improves communications, referrals, and policies among providers.</b>  |                   |           |            |          |   |
| Name:  | <b>Information and Referral - Website</b>  |                   | <b>X</b>  |            |          | <b>3</b>  |
| Role:  | <b>Provides effective communications among members and the general public - weekly email LISTSERV news, maintains website. Maintains, membership lists, and membership information.</b>  |                   |           |            |          |   |
| Name:  | <b>Peninsula Disaster Response Task Force/VOAD-Wmbrg</b>   |                   | <b>X</b>  |            |          | <b>30 + 4 Wmbrg</b>   |
| Role:  | <b>Meets periodically around disaster preparedness and emergency response. Handles disaster communications at times of disaster. Coordinates service provider availability and resources as was the case with the Katrina disaster</b>   |                   |           |            |          |   |

CoC-C

## D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

|  | Specific Names of All CoC Organizations            | Geographic Area Represented                       | Subpopulations Represented, if any*<br>(no more than 2) |  |
|--|--|---|---|--|
| <b>PUBLIC SECTOR</b>                   | <b>STATE GOVERNMENT AGENCIES</b>                   |   |   |  |
|  | Virginia Cooperative Extension                     | 510720/511098                                     |   |  |
|  | Virginia Inter-Agency Council on Homelessness      | 510720/511098/<br>519095/519199/<br>519735/519830 |   |  |
|  | <b>LOCAL GOVERNMENT AGENCIES</b>                   |   |   |  |
|  | Hampton Neighborhood Office                        | 510720  |   |  |
|  | Hampton Department of Human Services               | 510720  |   |  |
|  | Newport News Development Office                    | 511098  |   |  |
|  | Newport News Department of Social Services         | 511098  |   |  |
|  | York/Poquoson Department of Social Services        | 519199/519735                                     |   |  |
|  | Newport News Office on Youth Development           | 511098  | Y   |  |
|  | City of Hampton                                    | 510720  |   |  |
|  | Newport News Emergency Management                  | 511098  |   |  |
|  |  |   |   |  |
|  | <b>PUBLIC HOUSING AGENCIES</b>                     |   |   |  |
|  | Hampton Redevelopment and Housing Authority        | 510720  |   |  |
|  | Newport News Redevelopment/Housing Authority       | 511098  |   |  |
|  | York Department of Housing                         | 519199  |   |  |
|  | James City County Housing Division                 | 519095  |   |  |
|  |  |   |   |  |
|  | <b>SCHOOL SYSTEMS / UNIVERSITIES</b>               |   |   |  |
|  | Project Hope Homeless Liaison Office               | 511098  | Y   |  |
|  | City of Newport News Public Schools                | 511098  | Y   |  |
|  |  |   |   |  |
|  | <b>LAW ENFORCEMENT / CORRECTIONS</b>               |   |   |  |
|  | NN Court Appointed Special Advocates               | 511098  | Y   |  |
|  | HNN Drug Courts                                    | 511098/510720                                     | SA  |  |
|  | <b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b> |   |   |  |
| Virginia Employment Commission-Hampton | 510720   |   |   |  |
| Workforce Investment Act--TNCC         | 510720/511098                                      | VETS  |   |  |
| <b>OTHER</b>                           |  |   |   |  |
|  |  |   |   |  |

|                       |                                 |               |    |  |
|-----------------------|---------------------------------|---------------|----|--|
| <b>PRIVATE SECTOR</b> | <b>NON-PROFIT ORGANIZATIONS</b> |               |    |  |
|                       | Alternatives                    | 510720/511098 | Y  |  |
|                       | Avalon                          | 519095/519830 | DV |  |

|   |                                      |      |     |
|---|--------------------------------------|------|-----|
| Boys and Girls Clubs of the VA Peninsula        | 511720/511098                        | Y    |     |
| Full Circle-CANDII                              | 51720/511098                         | HIV  |     |
| Catholic Charities                              | 510720/511098                        |      |     |
| Center for Sexual Assault Survivors             | 510720/511098                        |      |     |
| Center for Child and Family Services            | 510720/511098<br>519199/519735       | Y    |     |
| FISH  | 51720/511098<br>519199/519735        |      |     |
| First Call                                      | 510720/511098<br>519199/519735       |      |     |
| Foodbank of the VA Peninsula                    | 51720/511098<br>519199/519735        |      |     |
| Friends of the Homeless                         | 510720/511098                        |      |     |
| Girl Scout of the Colonial Coast                | 510720/511098<br>519199/519735       | Y    |     |
| Habitat for Humanity                            | 510720/511098<br>519199/519735       |      |     |
| Healthcare for the Homeless                     | 510720/511098                        |      |     |
| Hester House                                    | 511098                               |      |     |
| HNN Community Services Board                    | 510720/511098                        | SA   | SMI |
| InSight Enterprises INC/PCIL                    | 510720/511098                        |      |     |
| Lily Housing Foundation                         | 51720/511098<br>519199/519735        |      |     |
| LINK of Hampton Roads, Inc                      | 510720/511098                        |      |     |
| Office of Human Affairs                         | 510720/511098                        |      |     |
| Peninsula Agency on Aging                       | 510720/511098<br>519199/519735       |      |     |
| Peninsula Association for Sickle Cell Anemia    | 510720/511098<br>519199/519735       |      |     |
| Peninsula READS                                 | 51720/511098<br>519199/519735        |      |     |
| Peninsula YMCA                                  | 510720/511098/519199                 |      |     |
| Planning Council of Norfolk                     | 510720/511098                        |      |     |
| Retired Senior & Volunteer Prg. of VA Peninsula | 510720/511098<br>519199/519735/51098 |      |     |
| Salvation Army Peninsula                        | 510720/511098                        |      |     |
| Salvation Army Greater Williamsburg             | 519199/519830                        |      |     |
| Transitions Family Violence Services            | 51720/511098<br>519199/519735        | DV   |     |
| United Way of Greater Williamsburg              | 519830/519199                        |      |     |
| United Way of Virginia Peninsula                | 510720/511098<br>519199/519735       |      |     |
| USO of Hampton Roads                            | 510720/511098<br>519199/519735       | VETS |     |
| Volunteer Center                                | 510720/511098<br>519199/519735       |      |     |
| Warwick SRO/Community Housing Partners          | 510720/511098                        |      |     |
|   |                                      |      |     |
| <b>FAITH-BASED ORGANIZATIONS</b>                |                                      |      |     |
| Crusading Outreach Ministry                     | 510720/511098                        |      |     |
| Denbigh United Christian Outreach               | 510720/511098                        |      |     |

|  |  |      |  |
|--|--|------|--|
| HELP, Inc  | 510720/511098                                  |      |  |
| Faith for Living Ministries  | 510720/511098                                  |      |  |
| Good Seed Good Ground  | 510720/511098                                  |      |  |
| New Visions Outreach Ministry/ Hampton Roads                       | 510720/511098                                  |      |  |
| Our Lady of Mount Carmel   | 511098   |      |  |
| St. Paul Episcopal Church  | 511098   |      |  |
| Menchville House Ministries  | 510720/511098                                  |      |  |
| Natasha House  | 519199   |      |  |
| Operation Breaking Through   | 510720/511098                                  |      |  |
| <b>FUNDERS / ADVOCACY GROUPS</b>                                   |  |      |  |
| Bernardine Franciscan Sisters Foundation                           | 51720/511098<br>519199/519735                  |      |  |
| Riverside Foundation   | 510720/511098<br>519199/519735                 |      |  |
| Peninsula Foundation   | 510720/511098<br>519199/519735                 |      |  |
| <b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b> |  |      |  |
| Cale and Company   | 510720/511098<br>519199/519735                 |      |  |
| Carroll Prescott, Web Design                                       | 510720/511098<br>519199/519735                 |      |  |
| Old Point Bank   | 510720/511098<br>519199/519735                 |      |  |
| Morgan Marrow Insurance  | 510720/511098<br>519199/519735                 |      |  |
| <b>HOSPITALS / MEDICAL REPRESENTATIVES</b>                         |  |      |  |
| VA Medical Center  | 510720/511098                                  | VETs |  |
| Mary Immaculate Hospital   | 510720/511098<br>519199/519735                 |      |  |
| Health Care for Homeless Veterans                                  | 510720/511098                                  |      |  |
| Lackey Free Clinic   | 519199   |      |  |
| Peninsula Christian Free Clinic                                    | 510720/511098                                  |      |  |
| Riverside Hospital-First Call                                      | 510720/511098<br>519199/519735                 |      |  |
| Consortium of Free Clinics   | 510720/511098/519095/<br>519199/519735/ 519830 |      |  |
| Peninsula Instit for Community Health                              | 510720/511098<br>519199/519735                 |      |  |
| <b>HOMELESS PERSONS</b>  |  |      |  |
| Lynne Finding  | 511098   |      |  |
| James Greene   | 510720   | SA   |  |
| Marcell Campbell   | 511098   |      |  |
| Karen Scott  | 519199   |      |  |
| <b>OTHER</b>   |  |      |  |

\***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

## E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Does the CoC have a fiscal agent designated to receive funds from HUD?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <p>8. If your Continuum has not yet complied with <i>any</i> of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.</p> <p><b># 7 As a regional CoC made up of 6 jurisdictions with no lead jurisdiction, the CoC does not have any plans to receive funds directly from HUD or establish a fiscal agent to receive HUD funds. Each project is required to have its own fiscal agent to accept HUD funds. This policy will be continuously evaluated and altered if deemed necessary.</b></p> |                                     |                                     |

CoC-E

## F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

|   |  |
|---|--|
| <b>1. Open Solicitation</b>   |  |
| a. Newspapers <input type="checkbox"/>                                      | e. Outreach to Faith-Based Groups <input checked="" type="checkbox"/>          |
| b. Letters to CoC Membership <input checked="" type="checkbox"/>            | f. Announcements at CoC Meetings <input checked="" type="checkbox"/>           |
| c. Responsive to Public Inquiries <input checked="" type="checkbox"/>       | g. Announcements at Other Meetings <input checked="" type="checkbox"/>         |
| d. Email CoC Membership/Listserv <input checked="" type="checkbox"/>        | <b>h. GVPCCC website announcements</b> <input checked="" type="checkbox"/>     |
| <b>2. Objective Rating Measures and Performance Assessment</b>              |  |
| a. CoC Rating & Review Committee Exists <input checked="" type="checkbox"/> | j. Assess Spending (fast or slow) <input checked="" type="checkbox"/>          |
| b. Review CoC Monitoring Findings <input checked="" type="checkbox"/>       | k. Assess Cost Effectiveness <input checked="" type="checkbox"/>               |
| c. Review HUD Monitoring Findings <input checked="" type="checkbox"/>       | l. Assess Provider Organization Experience <input checked="" type="checkbox"/> |
| d. Review Independent Audit <input checked="" type="checkbox"/>             | m. Assess Provider Organization Capacity <input checked="" type="checkbox"/>   |
| e. Review HUD APR <input checked="" type="checkbox"/>                       | n. Evaluate Project Presentation <input checked="" type="checkbox"/>           |
| f. Review Unexecuted Grants <input checked="" type="checkbox"/>             | o. Review CoC Membership Involvement <input checked="" type="checkbox"/>       |
| g. Site Visit(s) <input checked="" type="checkbox"/>                        | p. Review Match <input checked="" type="checkbox"/>                            |
| h. Survey Clients <input type="checkbox"/>                                  | q. Review Leveraging <input checked="" type="checkbox"/>                       |
| i. Evaluate Project Readiness <input checked="" type="checkbox"/>           |  |
| <b>3. Voting/Decision System</b>  |  |
| a. Unbiased Panel / Review Committee <input checked="" type="checkbox"/>    | e. All CoC Present Can Vote <input checked="" type="checkbox"/>                |
| b. Consumer Representative Has a Vote <input checked="" type="checkbox"/>   | f. Consensus <input checked="" type="checkbox"/>                               |
| c. CoC Membership Required to Vote <input checked="" type="checkbox"/>      | g. Abstain if conflict of interest <input checked="" type="checkbox"/>         |
| d. One Vote per Organization <input checked="" type="checkbox"/>            |  |

CoC-F

## G: CoC Written Complaints Chart

|  |   |
|--|---|
| <b>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</b> | <input type="checkbox"/> <b>Yes</b>           |
|  | <input checked="" type="checkbox"/> <b>No</b> |
| <b>If Yes, briefly describe the complaints and how they were resolved.</b>                                   |   |
|  |   |

CoC-G

## Part II: CoC Housing and Service Needs

### H: CoC Services Inventory Chart

| (1)<br><br><b>Provider Organizations</b> | (2)<br><b>Prevention</b> |                   |                      |                     |                  | (3)<br><b>Outreach</b> |               |                 | (4)<br><b>Supportive Services</b> |             |                      |                          |            |          |           |            |            |                |
|--|--------------------------|-------------------|----------------------|---------------------|------------------|------------------------|---------------|-----------------|-----------------------------------|-------------|----------------------|--------------------------|------------|----------|-----------|------------|------------|----------------|
|  | Mortgage Assistance      | Rental Assistance | Utilities Assistance | Counseling/Advocacy | Legal Assistance | Street Outreach        | Mobile Clinic | Law Enforcement | Case Management                   | Life Skills | Alcohol & Drug Abuse | Mental Health Counseling | Healthcare | HIV/AIDS | Education | Employment | Child Care | Transportation |
| LINK of Hampton Roads                    | X                        | X                 | X                    | X                   | X                | X                      |               |                 | X                                 | X           |                      |                          | X          | X        | X         | X          | X          | X              |
| HNN Community Services Board             | X                        | X                 | X                    | X                   |                  | X                      |               |                 | X                                 | X           | X                    | X                        | X          | X        | X         | X          |            | X              |
| Malachi House/ Lily Housing              |                          |                   |                      | X                   |                  | X                      |               |                 | X                                 | X           |                      |                          |            |          | X         | X          |            |                |
| Hampton Dept of Human Services           | X                        | X                 | X                    | X                   |                  |                        |               |                 | X                                 | X           |                      | X                        |            | X        | X         | X          | X          | X              |
| Avalon                                   |                          | X                 |                      | X                   | X                | X                      |               |                 | X                                 | X           |                      |                          |            |          | X         | X          |            | X              |
| Warwick SRO                              |                          |                   |                      | X                   |                  |                        |               |                 | X                                 | X           | X                    | X                        | X          | X        |           |            |            |                |
| New Visions Outreach Ministry            |                          | X                 | X                    | X                   |                  | X                      |               |                 |                                   | X           |                      |                          |            |          |           |            | X          | X              |
| Operation Breaking Through               |                          | X                 | X                    | X                   |                  | X                      |               |                 |                                   | X           |                      | X                        |            | X        | X         | X          | X          | X              |
| Crusading Outreach Ministry              |                          |                   |                      | X                   |                  | X                      |               |                 |                                   | X           | X                    |                          |            |          | X         |            |            | X              |
| Good Seed Good Ground                    |                          |                   |                      |                     |                  |                        |               |                 |                                   |             |                      |                          |            |          | X         | X          |            |                |
| Hester House                             |                          | X                 | X                    | X                   |                  |                        |               |                 |                                   | X           |                      |                          |            |          | X         |            | X          | X              |
| Transitions FVS                          |                          | X                 | X                    | X                   | X                |                        |               | X               | X                                 | X           |                      | X                        |            |          | X         | X          | X          | X              |
| Natasha House                            |                          | X                 | X                    | X                   | X                |                        |               | X               | X                                 | X           |                      | X                        | X          |          | X         | X          | X          | X              |
| Salvation Army – Peninsula               | X                        | X                 | X                    | X                   |                  | X                      |               |                 | X                                 | X           |                      | X                        | X          |          |           |            |            | X              |
| Full Circle/CANDII                       | X                        | X                 | X                    | X                   |                  | X                      |               |                 | X                                 | X           |                      |                          |            | X        |           |            | X          | X              |
| Friends of the Homeless                  |                          | X                 |                      | X                   |                  |                        |               |                 | X                                 | X           |                      |                          |            |          |           |            |            | X              |
| Salvation Army – Williamsburg            | X                        | X                 | X                    | X                   |                  |                        |               |                 | X                                 | X           |                      | X                        | X          |          |           |            |            | X              |
| Office of Human Affairs                  | X                        | X                 | X                    | X                   |                  | X                      |               |                 | X                                 | X           |                      |                          |            |          | X         | X          |            | X              |
| Peninsula Institute for Community Health |                          |                   |                      |                     |                  | X                      | X             |                 | X                                 |             |                      | X                        | X          | X        |           |            |            |                |
| Menchville House                         |                          |                   |                      |                     |                  |                        |               |                 | X                                 | X           |                      | X                        |            | X        | X         | X          | X          |                |
| Newport News Dept of Social Services     |                          |                   |                      | X                   |                  |                        |               |                 | X                                 |             |                      | X                        |            | X        | X         | X          | X          | X              |
| United Way of Williamsburg               |                          | X                 | X                    | X                   |                  |                        |               |                 | X                                 |             |                      |                          |            |          |           |            |            |                |
| American Red Cross                       |                          |                   |                      |                     |                  |                        |               |                 |                                   |             |                      |                          |            |          | X         |            |            |                |
| Va. Cooperative Extension                |                          |                   |                      | X                   |                  |                        |               |                 |                                   | X           |                      |                          |            |          | X         |            |            |                |

|   |  |   |   |   |  |   |  |   |   |   |   |  |   |   |  |
|---|--|---|---|---|--|---|--|---|---|---|---|--|---|---|--|
| Foodbank of the VA Peninsula            |  |   | X |   |  |   |  |   |   |   |   |  | X |   |  |
| The Volunteer Center                    |  |   | X |   |  |   |  |   |   |   |   |  | X |   |  |
| Colonial Community Services Board       |  | X | X | X |  |   |  | X |   | X | X |  |   |   |  |
| Hampton Ecum. Lodg. & Provisions --HELP |  | X | X | X |  | X |  | X | X |   |   |  | X | X |  |
| New Vision Outreach Ministry            |  | X | X |   |  |   |  |   | X |   |   |  |   |   |  |
| Operation Breaking Through              |  | X | X | X |  |   |  |   |   |   |   |  |   |   |  |

|  |  |   |   |   |   |  |  |   |   |   |   |  |   |   |   |
|--|--|---|---|---|---|--|--|---|---|---|---|--|---|---|---|
| DUCO   |  | X | X | X |   |  |  |   |   |   |   |  |   | X |   |
| FISH   |  | X | X | X |   |  |  |   |   |   |   |  |   |   |   |
| Our Lady of Mount Carmel                     |  | X | X | X |   |  |  |   |   |   |   |  | X |   |   |
| James City Dept. of Social Services          |  |   |   | X |   |  |  | X | X |   |   |  | X |   |   |
| York-Poquoson Dept. of Social Services       |  |   |   | X |   |  |  | X | X |   |   |  | X |   |   |
| Liberty Baptist Church                       |  |   |   | X |   |  |  |   |   |   |   |  |   |   |   |
| Center for Child and Family Services         |  |   |   | X |   |  |  | X | X | X | X |  | X |   |   |
| Peninsula Association of Sickle Cell Anemia  |  | X | X | X |   |  |  | X |   |   |   |  |   |   |   |
| Peninsula Agency on Aging                    |  |   |   | X |   |  |  | X | X |   |   |  | X |   | X |
| Safehaven                                    |  |   |   | X |   |  |  |   |   |   |   |  |   | X |   |
| Virginia Employment Commission               |  |   |   | X |   |  |  |   |   |   |   |  |   | X | X |
| Peninsula Legal Aid                          |  |   |   | X | X |  |  |   |   |   |   |  | X |   |   |
| Hampton Redevelopment and Housing Auth.      |  | X |   | X |   |  |  |   |   |   |   |  | X |   |   |
| NN Redevelopment and Housing Authority       |  | X |   | X |   |  |  |   |   |   |   |  | X |   |   |
| Peninsula Assoc. for Attention Def. Disorder |  |   |   |   |   |  |  | X | X |   |   |  | X |   |   |
| Veterans Affairs Medical Center              |  |   |   | X |   |  |  |   |   |   | X |  |   |   |   |
| Riverside Behavioral Health Center           |  |   |   | X |   |  |  |   |   |   | X |  |   |   |   |
| Peninsula Preschool Partners                 |  |   |   | X |   |  |  |   |   |   |   |  | X |   | X |
| Downtown Hampton Child Dev. Center           |  |   |   | X |   |  |  |   |   |   |   |  | X |   | X |
|  |  |   |   |   |   |  |  |   |   |   |   |  |   |   |   |
|  |  |   |   |   |   |  |  |   |   |   |   |  |   |   |   |

CoC-H

## CoC Housing Inventory and Unmet Needs

### I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

**I: CoC Housing Inventory Charts**

| <b>Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart</b> |                   |                 |                                   |      |                                   |            |                                   |            |            |             |                       |            |                    |
|--|-------------------|-----------------|-----------------------------------|------|-----------------------------------|------------|-----------------------------------|------------|------------|-------------|-----------------------|------------|--------------------|
| Provider Name  | Facility Name     | HMIS Part. Code | Number of Year-Round Beds in HMIS |      | Geo Code <input type="checkbox"/> | Target Pop |                                   | Year-Round |            |             | Total Year-Round Beds | Other Beds |                    |
|  |                   |                 | Ind.                              | Fam. |                                   | A          | B                                 | Fam. Units | Fam. Beds  | Indiv. Beds |                       | Seasonal   | Overflow & Voucher |
| <b>Current Inventory</b>   |                   |                 |                                   |      |                                   |            |                                   |            |            |             |                       |            |                    |
| Transitions FVS  | Emergency Shelter | F               | 0                                 | 0    | 510720                            | M          | DV                                | 29         | 29         |             | 29                    |            |                    |
| Transitions FVS  | Second Stage      | F               | 0                                 | 0    | 510720                            | M          | DV                                | 22         | 22         |             | 22                    |            |                    |
| Salvation Army-Pen   |                   | P               | 0                                 | 0    | 511098                            | M          |                                   |            |            |             |                       | 30         |                    |
| HNNCSB   | Emergency Housing | P               | 0                                 | 0    | 511098                            | SMF        | SMI                               | 8          | 8          |             | 8                     |            |                    |
| Avalon   | Emergency Shelter | F               | 0                                 | 0    | 519095                            | M          | DV                                | 13         | 6          | 19          | 19                    |            |                    |
| LINK   | PORT              | P               | 0                                 | 0    | 510098                            | SMF        |                                   |            |            | 100         | 100                   |            |                    |
| Pen Rescue Mission   | Men's Shelter     | N               | 0                                 | 0    | 510098                            | SM         |                                   | 63         | 63         |             | 63                    |            |                    |
| HELP   | A Nights Welcome  | P               | 0                                 | 0    | 510720                            | SMF        |                                   |            |            | 80          | 80                    |            |                    |
| HELP   | Family Shelter    | P               | 0                                 | 0    | 510720                            | FC         |                                   | 20         | 20         |             | 20                    |            |                    |
| Friends o/t Homeless   | Family Shelter    | P               | 0                                 | 0    | 511098                            | FC         |                                   | 38         | 12         | 50          | 50                    |            |                    |
| United Way   | Faith House       | N               | 0                                 | 0    | 519830                            | SM         |                                   | 17         | 17         |             | 17                    |            |                    |
| Wbrg Homeless/Indig  | Emergency Shelter | N               | 0                                 | 0    | 519830                            | M          |                                   |            |            |             |                       | 12         |                    |
| St Bedes Church  |                   | N               | 0                                 | 0    | 519830                            | M          |                                   |            |            |             |                       | 4          |                    |
| <b>SUBTOTALS:</b>  |                   |                 |                                   |      |                                   |            | <b>SUBTOT. CURRENT INVENTORY:</b> | <b>122</b> | <b>106</b> | <b>228</b>  | <b>180</b>            | <b>46</b>  |                    |
| <b>New Inventory in Place in 2005</b>  |                   |                 |                                   |      |                                   |            |                                   |            |            |             |                       |            |                    |
| <b>(Feb. 1, 2005 – Jan. 31, 2006)</b>  |                   |                 |                                   |      |                                   |            |                                   |            |            |             |                       |            |                    |
| NONE   |                   |                 |                                   |      |                                   |            |                                   |            |            |             |                       |            |                    |
| <b>SUBTOTALS:</b>  |                   |                 |                                   |      |                                   |            | <b>SUBTOTAL NEW INVENTORY:</b>    | <b>0</b>   | <b>0</b>   | <b>0</b>    | <b>0</b>              | <b>0</b>   | <b>0</b>           |

|   |     |   |   |
|---|-----|---|---|
| <b>Inventory Under Development</b>  |     | Anticipated Occupancy Date  |   |
| NONE KNOWN  |     |   |   |
| <b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>  |     |   |   |
|   | 0   | 0   | 0 |
| <b>Unmet Need</b>   |     |   |   |
| <b>UNMET NEED TOTALS:</b>   |     |   |   |
|   | 0   | 80  | 0 |
| 1. Total Year-Round Individual ES Beds:   | 106 | 4. Total Year-Round Family Beds: 122  |   |
| 2. Year-Round Individual ES Beds in HMIS:   | 0   | 5. Year-Round Family ES Beds in HMIS: 0   |   |
| 3. HMIS Coverage Individual ES Beds:<br>Divide line 2 by line 1 and multiply by 100. Round to a whole number. | 0   | 6. HMIS Coverage Family ES Beds:<br>Divide line 5 by line 4 and multiply by 100. Round to a whole number. 0 |   |

CoC-I

**I: CoC Housing Inventory Charts**

**Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart**

| Provider Name               | Facility Name     | HMIS Part. Code | Number of Year-Round Beds in HMIS |      | Geo Code <input type="checkbox"/> | Target Pop |     | Year-Round                        |             |               | Total Year-Round Beds |  |
|-----------------------------|-------------------|-----------------|-----------------------------------|------|-----------------------------------|------------|-----|-----------------------------------|-------------|---------------|-----------------------|--|
|                             |                   |                 | Ind.                              | Fam. |                                   | A          | B   | Family Units                      | Family Beds | Individ. Beds |                       |  |
| <b>Current Inventory</b>    |                   |                 |                                   |      |                                   |            |     |                                   |             |               |                       |  |
| Transitions FVS             | NEXT STEP         | F               | 0                                 | 0    | 510720                            | M          | DV  | 8                                 | 35          | 4             | 39                    |  |
| Lily Housing Corp           |                   | N               | 0                                 | 0    | 511098                            | FC         |     | 1                                 | 3           |               | 3                     |  |
| Salvation Army-Pen          | VA Transitional   | P               | 0                                 | 0    | 510720                            | SM         | VET |                                   |             | 60            | 60                    |  |
| HNNCSB                      | Woodhaven         | P               | 0                                 | 0    | 511098                            | SMF        | SMI |                                   |             | 8             | 8                     |  |
| Avalon                      | Transitional Hsng | F               | 0                                 | 0    | 519095                            | FC         | DV  | 9                                 | 20          | 5             | 25                    |  |
| Salvation Army-Williamsburg | Transitional Hsng | N               | 0                                 | 0    | 519830                            | FC         |     | 8                                 | 20          | 0             | 20                    |  |
| Menchville House Ministries | Menchville House  | N               | 0                                 | 0    | 511098                            | FC         |     | 19                                | 46          | 0             | 46                    |  |
| CANDII                      | HOPWA             | P               | 0                                 | 0    | 510720                            | M          | HIV | 6                                 | 21          | 4             | 25                    |  |
| HELP                        | Transitional Hsng | P               | 0                                 | 0    | 510720                            | FC         |     | 4                                 | 20          | 0             | 20                    |  |
| Hester House                |                   | N               | 0                                 | 0    | 511098                            | FC         |     |                                   | 2           | 0             | 2                     |  |
| <b>SUBTOTALS:</b>           |                   |                 |                                   |      |                                   |            |     | <b>55</b>                         | <b>167</b>  | <b>81</b>     | <b>248</b>            |  |
|                             |                   |                 |                                   |      |                                   |            |     | <b>SUBTOT. CURRENT INVENTORY:</b> |             |               |                       |  |

| <b>New Inventory in Place in 2005</b><br>(Feb. 1, 2005 – Jan. 31, 2006)                                       |               |               |                                | Ind.  | Fam.       |
|---|---------------|---------------|--------------------------------|---|------------|
| NONE  |               |               |                                |   |            |
| <b>SUBTOTALS:</b>   |               |               |                                |   |            |
|   |               |               | <b>SUBTOTAL NEW INVENTORY:</b> | 0   | 0          |
| <b>Inventory Under Development</b>  |               |               |                                |   |            |
|   |               |               | Anticipated Occupancy Date     |   |            |
| Faith for Living  | Natasha House | October, 2006 | 519199                         | FC  | 5 15 0 15  |
| <b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>  |               |               | 5                              | 15  | 0 15       |
| <b>Unmet Need</b>   |               |               | <b>UNMET NEED TOTALS:</b>      | 0   | 112 71 183 |
| 1. Total Year-Round Individual TH Beds:   |               |               | 81                             | 4. Total Year-Round Family Beds:  |            |
| 2. Year-Round Individual TH Beds in HMIS:   |               |               | 0                              | 5. Year-Round Family TH Beds in HMIS:   |            |
| 3. HMIS Coverage Individual TH Beds:<br>Divide line 2 by line 1 and multiply by 100. Round to a whole number. |               |               | 0                              | 6. HMIS Coverage Family TH Beds:<br>Divide line 5 by line 4 and multiply by 100. Round to a whole number. |            |

CoC-1

**I: CoC Housing Inventory Charts**

| <b>Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart</b> |                   |                 |                                   |                                      |                   |     |              |             |                     |                       |
|--|-------------------|-----------------|-----------------------------------|--------------------------------------|-------------------|-----|--------------|-------------|---------------------|-----------------------|
| Provider Name  | Facility Name     | HMIS Part. Code | Number of Year-Round Beds in HMIS | Geo Code<br><input type="checkbox"/> | Target Population |     | Year-Round   |             |                     | Total Year-Round Beds |
|  |                   |                 |                                   |                                      | A                 | B   | Family Units | Family Beds | Individual /CH Beds |                       |
| <b>Current Inventory</b>   |                   |                 |                                   |                                      |                   |     |              |             |                     |                       |
| CHP, Inc.  | Warwick SRO       | N               | 0                                 | 511098                               | SMF               |     | 0            | 0           | 88/44               | 88                    |
| LINK   | CANLINK I         | P               | 0                                 | 511098                               | M                 |     | 12           | 37          | 15/10               | 52                    |
| HNNCSB   | Safe Harbor I     | P               | 0                                 | 511098                               | SMF               | SMI | 0            | 0           | 8/8                 | 8                     |
| HNNCSB   | Shelter Plus Care | P               | 0                                 | 511098                               | SMF               | SMI | 0            | 0           | 14/12               | 14                    |
| Veteran Affairs  | VASH              | N               | 0                                 | 510720                               | SMF               | Vet | 0            | 0           | 25/15               | 25                    |
| CANDII   | CHAPS             | P               | 0                                 | 510720                               | M                 | HIV | 9            | 24          | 14/5                | 38                    |

| SUBTOTALS:  |                 |  |     |   |        |     |         |     |   |     |
|---|-----------------|--|-----|---|--------|-----|---------|-----|---|-----|
| <b>New Inventory in Place in 2005</b><br>(Feb. 1, 2005 – Jan. 31, 2006)   |                 |  |     |   |        |     |         |     |   |     |
| LINK  | CANLINK II      | P  | Ind | Fam   | 0      | 0   | 0       | 0   | 0 | 0   |
| SUBTOTALS:  |                 |  |     |   |        |     |         |     |   |     |
| <b>Inventory Under Development</b>  |                 | Anticipated<br>Occupancy Date                |     |   |        |     |         |     |   |     |
| HNNCSB  | Safe Harbors II | July 1, 2006                                 |     |   | 510720 | SMF | SMI     | 0   | 0 | 8/8 |
| <b>Unmet Need</b>   |                 | <b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b> |     |   | 0      | 0   | 0       | 0   | 0 | 8/8 |
|   |                 | <b>UNMET NEED TOTALS:</b>                    |     |   | 0      | 26  | 225/162 | 251 |   |     |
| 1. Total Year-Round Individual PH Beds:   |                 | 164  |     | 4. Total Year-Round Family Beds:  |        |     |         |     |   |     |
| 2. Year-Round Individual PH Beds in HMIS:   |                 | 0  |     | 5. Year-Round Family PH Beds in HMIS:   |        |     |         |     |   |     |
| 3. HMIS Coverage Individual PH Beds:<br>(Divide line 2 by line 1 and multiply by 100. Round to a whole number.) |                 | 0  |     | 6. HMIS Coverage Family PH Beds:<br>(Divide line 5 by line 4 and multiply by 100. Round to a whole number.) |        |     |         |     |   |     |

\*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

CoC-1

## J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

|   |  |
|---|--|
| <b>(1) Indicate date on which Housing Inventory count was completed:</b> <u>01/25/2006</u> (mm/dd/yyyy)   |  |
| <b>(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):</b>   |  |
| <input checked="" type="checkbox"/>   | <b>Housing inventory survey to providers</b> – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.     |
| <input type="checkbox"/>  | <b>On-site or telephone housing inventory survey</b> – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc. |
| <input type="checkbox"/>  | <b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart   |
| <b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>  |  |
| <b>100</b> %  | Emergency shelter providers  |
| <b>100</b> %  | Transitional housing providers   |
| <b>100</b> %  | Permanent Supportive Housing providers <b>Surveyed ALL HOMELESS PROVIDERS</b>  |
| <b>(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):</b>  |  |
| <input checked="" type="checkbox"/>   | <b>Instructions</b> – Provided written instructions for completing the housing inventory survey.   |
| <input checked="" type="checkbox"/>   | <b>Training</b> – Trained providers on completing the housing inventory survey.  |
| <input checked="" type="checkbox"/>   | <b>Updated prior housing inventory information</b> – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.   |
| <input checked="" type="checkbox"/>   | <b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.   |
| <input checked="" type="checkbox"/>   | <b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.   |
| <input type="checkbox"/>  | <b>HMIS</b> – Used HMIS to verify data collected from providers for Housing Inventory Chart.   |
| <input type="checkbox"/>  | <b>Other</b> – specify:  |
| <b>Unmet Need:</b>  |  |
| <b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>  |  |
| <input checked="" type="checkbox"/>   | Sheltered count (point-in-time)  |
| <input checked="" type="checkbox"/>   | Unsheltered count (point-in-time)  |
| <input checked="" type="checkbox"/>   | Housing inventory (number of beds available)   |
| <input checked="" type="checkbox"/>   | Local studies or data sources – specify: <b>Mayors and Chairs Commission on Homelessness</b>   |
| <input type="checkbox"/>  | National studies or data sources – specify:  |
| <input checked="" type="checkbox"/>   | Provider opinion through discussions or survey forms   |
| <input checked="" type="checkbox"/>   | Other – specify: <b>unmet need planning meeting</b>  |
| <b>(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):</b>  |  |
| <input checked="" type="checkbox"/>   | <b>Stakeholder Discussion</b> – CoC stakeholders met and reviewed data to determine CoC's unmet need   |
| <input type="checkbox"/>  | <b>Calculation</b> – Used local PIT count data & housing inv. to calculate unmet need  |
| <input type="checkbox"/>  | <b>Applied statistics</b> – Used local PIT enumeration data & applied national/other local statistics  |
| <input type="checkbox"/>  | <b>HUD unmet need formula</b> – Used HUD's unmet need formula*   |
| <input type="checkbox"/>  | <b>Other</b> – specify:  |
| <b>(7) If your CoC made adjustments to calculated unmet need, please explain how and why.</b>   |  |
| <b>In addition to the stakeholder discussions, other methods were used to validate information – PIT, housing inventories, utilization rates, and HUD's report on "Calculating Unmet Need".</b> |  |

\*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-J

## CoC Homeless Population and Subpopulations

### K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using PIT information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: 01/25/2006 (mm/dd/yyyy)

| Part 1: Homeless Population   | Sheltered        |              | Unsheltered        | Total        |
|---|------------------|--------------|--------------------|--------------|
|   | Emergency        | Transitional |                    |              |
| Number of Families with Children (Family Households):   | 34               | 30           | 10                 | 74           |
| 1. Number of Persons in Families with Children:   | 107              | 117          | 33                 | 257          |
| 2. Number of Single Individuals and Persons in Households without Children:   | 252              | 146          | 224                | 622          |
| <b>(Add Lines Numbered 1 &amp; 2) Total Persons:</b>  | 359              | 263          | 257                | 879          |
| <b>Part 2: Homeless Subpopulations</b>  |                  |              |                    |              |
|   | <b>Sheltered</b> |              | <b>Unsheltered</b> | <b>Total</b> |
| a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i> )   | 215              |              | 163                | 378          |
| b. Severely Mentally Ill  | 163              |              | * 112              | 257          |
| c. Chronic Substance Abuse  | 296              |              | * 122              | 418          |
| d. Veterans   | 155              |              | * 29               | 184          |
| e. Persons with HIV/AIDS  | 7                |              | * 32               | 29           |
| f. Victims of Domestic Violence   | 72               |              | * 13               | 85           |
| g. Unaccompanied Youth (Under 18)   | 0                |              | * 0                | 0            |
| If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box: |                  |              |                    |              |
| <b>Data Source:</b> <input checked="" type="checkbox"/> Point-in-time count <b>OR</b> <input type="checkbox"/> Estimate   |                  |              |                    |              |
| <b>Part 3: Hurricane Katrina Evacuees</b>   |                  |              |                    |              |
|   | <b>Sheltered</b> |              | <b>Unsheltered</b> | <b>Total</b> |
| Total number of Katrina evacuees <b>IN ADDITION TO ABOVE COUNTS</b>   | 1,347            |              | 0                  | 1,347        |
| Of this total, enter the number of evacuees homeless <b>prior to Katrina</b>  | Unknown          |              | Unknown            | Unknown      |

\*Optional for Unsheltered

CoC-K

## L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

### L-1: Sheltered Homeless Population and Subpopulations

|  |  |  |
|--|--|--|
| <b>(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):</b>      |  |  |
| <input type="checkbox"/>   | <b>Point-in-Time (PIT) <u>no interview</u></b> | Providers did not interview sheltered clients during the point-in-time count   |
| <input type="checkbox"/>   | <b>PIT <u>with interviews</u></b>              | Providers interviewed each sheltered individual or household during the point-in-time count  |
| <input checked="" type="checkbox"/>  | <b>PIT <u>plus sample of interviews</u></b>    | Providers conducted a point-in-time count <b>and</b> interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)                                  |
| <input type="checkbox"/>   | <b>PIT <u>plus extrapolation</u></b>           | Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population  |
| <input type="checkbox"/>   | <b>Administrative Data</b>                     | Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons   |
| <input type="checkbox"/>   | <b>HMIS</b>                                    | CoC used HMIS to complete the point-in-time sheltered count and subpopulation information  |
| <input type="checkbox"/>   | <b>Other</b>                                   | – please specify:  |
| <b>(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):</b> |  |  |
| <input checked="" type="checkbox"/>  | <b>Instructions</b>                            | – Provided written instructions to providers for completing the sheltered point-in-time count  |
| <input checked="" type="checkbox"/>  | <b>Training</b>                                | – Trained providers on completing the sheltered point-in-time count  |
| <input checked="" type="checkbox"/>  | <b>Remind and Follow-up</b>                    | – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy  |
| <input type="checkbox"/>   | <b>HMIS</b>                                    | – Used HMIS to verify data collected from providers for the sheltered point-in-time count  |
| <input checked="" type="checkbox"/>  | <b>Other</b>                                   | – please specify: <b>Used website and direct phone contacts</b>  |
| <b>(3) How often will sheltered counts of sheltered homeless people take place in the future?</b>                    |  |  |
| <input type="checkbox"/>   | Biennial (every two years)                     |  |
| <input checked="" type="checkbox"/>  | Annual   |  |
| <input type="checkbox"/>   | Semi-annual                                    |  |
| <input type="checkbox"/>   | Other – please specify:                        |  |
| <b>(4) Month and Year when next count of sheltered homeless persons will occur:</b>                                  |  |  |
| <b>(5) Indicate the percentage of providers completing the populations and subpopulations survey:</b>                |  |  |
| <u>100</u>   | %  | Emergency shelter providers  |
| <u>100</u>   | %  | Transitional housing providers   |
| <u>100</u>   | %  | Permanent Supportive Housing providers <b>Surveyed ALL HOMELESS providers and all completed forms, but Permanent Housing stats were NOT used in the Populations and subpopulation tables</b> |

CoC-L-1

**L-2: Unsheltered Homeless Population and Subpopulations\***

|  |   |
|--|---|
| <b>(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:</b>                       |   |
| <input type="checkbox"/>   | <b>Public places count</b> – CoC conducted a point-in-time count <u>without</u> client interviews   |
| <input type="checkbox"/>   | <b>Public places count with interviews</b> – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count   |
| <input checked="" type="checkbox"/>  | <b>Sample of interviews</b> – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons  |
| <input type="checkbox"/>   | <b>Extrapolation</b> – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted   |
| <input type="checkbox"/>   | <b>Public places count using probability sampling</b> – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population. |
| <input type="checkbox"/>   | <b>Service-based count</b> – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons   |
| <input type="checkbox"/>   | <b>HMIS</b> – Used HMIS to complete the enumeration of unsheltered homeless people  |
| <input type="checkbox"/>   | <b>Other</b> – please specify:  |
| <b>(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:</b>                 |   |
| <input type="checkbox"/>   | <b>Complete coverage</b> – The CoC counted every block of the jurisdiction  |
| <input checked="" type="checkbox"/>  | <b>Known locations</b> – The CoC counted areas where unsheltered homeless people are known to congregate or live  |
| <input type="checkbox"/>   | <b>Combination</b> – CoC counted central areas using complete coverage and also visited known locations   |
| <input type="checkbox"/>   | <b>Used service-based or probability sampling</b> (coverage is not applicable)  |
| <b>(3) Indicate community partners involved in PIT unsheltered count (check all that apply):</b>                     |   |
| <input checked="" type="checkbox"/>  | <b>Outreach teams</b>   |
| <input checked="" type="checkbox"/>  | <b>Law Enforcement</b>  |
| <input checked="" type="checkbox"/>  | <b>Service Providers</b>  |
| <input checked="" type="checkbox"/>  | <b>Community volunteers</b>   |
| <input type="checkbox"/>   | <b>Other</b> – please specify:  |
| <b>(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):</b> |   |
| <input checked="" type="checkbox"/>  | <b>Training</b> – Conducted a training for point-in-time enumerators  |
| <input type="checkbox"/>   | <b>HMIS</b> – Used HMIS to check for duplicate information  |
| <input checked="" type="checkbox"/>  | <b>Other</b> – specify: <b>instructions on listserv, website, direct phone contacts</b>   |
| <b>(5) How often will counts of unsheltered homeless people take place in the future?</b>                            |   |
| <input type="checkbox"/>   | Biennial (every two years)  |
| <input checked="" type="checkbox"/>  | Annual  |
| <input type="checkbox"/>   | Semi-annual   |
| <input type="checkbox"/>   | Quarterly   |
| <input type="checkbox"/>   | Other – please specify:   |
| <b>(6) Month and Year when next count of unsheltered homeless persons will occur: <u>01/2007</u></b>                 |   |

\*Please refer to ‘A Guide to Counting Unsheltered Homeless People’ for more information on unsheltered enumeration techniques. CoC-L-2

# CoC Homeless Management Information System (HMIS)

## M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

### M-1: HMIS Lead Organization Information

|  |   |
|--|---|
| Organization Name: The Planning Council, Inc.  | Contact Person: JoAnn Schutze   |
| Phone: (757) 622-9268  | Email: <a href="mailto:jschutze@theplanningcouncil.org">jschutze@theplanningcouncil.org</a> |
| Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/> |   |

CoC-M-1

### M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS implementation:

| HUD-Defined CoC Name*                       | CoC #  | HUD-Defined CoC Name* | CoC # |
|---|--------|-----------------------|-------|
| Newport News/Hampton/Virginia Peninsula CoC | VA-505 |                       |       |

\*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

### M-3: HMIS Implementation Status

|   |    |  |   |
|---|----|--|---|
| HMIS Data Entry Start Date for your CoC (mm/yyyy) | or | Anticipated Data Entry Start Date for your CoC (mm/yyyy) | If no current or anticipated data entry date, indicate reason:<br><input type="checkbox"/> New CoC in 2006<br><input type="checkbox"/> Still in planning/software selection process<br><input type="checkbox"/> Still in initial implementation process |
|   |    | 07/2006  |   |

CoC-M-3

### M-4: Client Records\*\*

| Calendar Year | Total Client Records Entered in HMIS / Analytical Database (Duplicated) | Total Unduplicated Client Records Entered in HMIS / Analytical Database |
|---------------|---|---|
| 2004          | 0   | 0   |
| 2005          | 0   | 0   |

CoC-M-4

### M-5: HMIS Participation\*\*

| <b>a) HMIS participation by program type and funding source (please review instructions)</b> |  |   |  |
|--|--|---|--|
| Program Type   | Total number of agencies   | Number of agencies participating in HMIS receiving HUD McKinney-Vento funds | Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds |
| Street Outreach  | 2  | 0   | 0  |
| Emergency Shelter  | 5  | 0   | 0  |
| Transitional Housing   | 4  | 0   | 0  |
| Permanent Supportive Housing   | 4  | 0   | 0  |
| <b>TOTALS:</b>   | 15   | 0   | 0  |
| <b>b) Definition of bed coverage in HMIS (please review instructions)</b>                    |  |   |  |
| Program Type   | Date achieved or anticipate achieving 75% bed coverage (mm/yyyy) |   |  |
| Emergency Shelter (all beds)   | 12/2006  |   |  |
| Transitional Housing (all beds)  | 12/2006  |   |  |
| Permanent Supportive Housing (McKinney-Vento funded beds only)                               | 12/2006  |   |  |

**Challenges and Barriers:** Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation – **This is a new project and implementation is planned to begin July, 2006.**
  - a. Homeless service providers have been challenged with their lack of capacity to enter into HMIS without additional funding sources to support the effort. HMIS staff is working toward a single intake form that can be used by all participating HMIS agencies in order to facilitate data collection and ensure data collection is consistent for all organizations.
  - b. DV shelters (HUD funded projects) have been instructed not to participate in HMIS
2. HMIS Data and Technical Standards Final Notice requirements
  - a. The destination fields for the APR and HUD response categories are different, making it difficult and cumbersome for HMIS users to navigate this question.
  - b. Family members entering a household after the household has been entered into HMIS are showing up as a single individual (this happens if a child is born into the household).

\*\*For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application.

CoC-M-5

**M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards**

| <b>1. Training Provided (check all that apply)</b>  | <b>YES</b>                          | <b>NO</b>                           |
|---|-------------------------------------|-------------------------------------|
| Basic computer training   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| HMIS software training  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Privacy / Ethics training   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Security Training   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| System Administrator training   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2. CoC Process/Role</b>  |                                     |                                     |
| Is there a plan for aggregating all data to a central location, at least annually?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3. Data Collection Entered into the HMIS</b>   |                                     |                                     |
| Do all participating agencies submit universal data elements for <b>all</b> homeless persons served?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>4. Security: Participating agencies have:</b>  |                                     |                                     |
| Unique username and password access?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Secure location?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Locking screen savers?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Virus protection with auto update?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Individual or network firewalls?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5. Security: Agency responsible for centralized HMIS data collection and storage has:</b>  |                                     |                                     |
| Procedures for off-site storage of HMIS data?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Disaster recovery plan that has been <u>tested</u> ?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>6. Privacy Requirements</b>  |                                     |                                     |
| Have additional State confidentiality provisions been implemented?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Does each participating agency have a written privacy policy, including the uses and disclosures of information   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Does each participating agency have a privacy policy posted on its website (if applicable)?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>7. Data Quality: CoC has protocols for:</b>  |                                     |                                     |
| Client level data quality (i.e. missing birth dates etc.)?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Program level data quality (i.e. data not entered by agency in over 14 days)?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Assessing CoC bed coverage (i.e. % of beds)?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>8. Unduplication of Client Records: CoC process:</b>   |                                     |                                     |
| Uses data in the HMIS exclusively to generate unduplicated count?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Uses data integration or data warehouse to generate unduplicated count?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

CoC-M-6

## Part III: CoC Strategic Planning

### N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled "Lead Person," please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

| <b>Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b> | <b>Local Action Steps</b><br>(How are you going to do it? List action steps to be completed within the next 12 months.)  | <b>Measurable Achievement in 12 months</b>                        | <b>Measurable Achievement in 5 years</b>                        | <b>Measurable Achievement in 10 years</b>                       | <b>Lead Person</b><br>(Who is responsible for accomplishing CoC Objectives?)   |
|--|--|---|---|---|--|
| 1. Create new PH beds for chronically homeless persons.  | 1. Open new permanent housing facility (Safe Harbor II) in July 2006.<br>2. Increase number of beds served in CANLINK I by 3 beds.<br>3. Expand Safe Harbors annually by 4 beds<br>4. Develop permanent housing in rural areas<br>5. Operationalize CANLINK III  | 1. 8 beds<br>2. 3 beds<br>3. 4 beds<br>4. 4 beds<br>5. 8 beds     | 1. 8 beds<br>2. 3 beds<br>3. 16 beds<br>4. 16 beds<br>5. 8 beds | 1. 8 beds<br>2. 3 beds<br>3. 40 beds<br>4. 25 beds<br>5. 8 beds | 1. HNNCSB/ Dee Schwartz<br>2. LINK /Lynne Finding<br>3. HNNCSB/ Dee Schwartz<br>4. Faith House/ Joyce O'Brien<br>5. LINK/Lynne Finding |
| 2. Increase percentage of homeless persons staying in PH over 6 months to 71%.                       | 1. Establish baseline of persons currently in permanent housing project facilities; monitor entry and departure through centralized tracking system using project APRs/HMIS.<br>2. Create Housing Resource Response (HRR) team through the Chronic Homeless Assessment Team to meet quarterly, monitor and evaluate existing projects; and coordinate needed support services (case management, access to mainstream benefits and essential services, education, employment, childcare, special needs support, follow-up, etc.) across participating agencies to assist PH residents to remain in permanent housing. | 1. Establish baseline<br>2. Increase % staying in PH by 5% to 60% | 1. ---<br>2. increase to 71%                                    | 1. ---<br>2. increase to 75%                                    | 1. Currently funded PH projects; through APR data<br>2. GVPCCC Chronic Homeless Assessment Team/ Dee Schwartz                          |
| 3. Increase percentage of homeless persons moving from TH to PH to 61%.                              | 1. Establish baseline of persons currently in transitional housing project facilities; monitor entry and exit through centralized tracking system using project APRs/HMIS.<br>2. Create mobile Housing Resource Response Team (HRRT); team meets quarterly and helps to monitor and evaluate   | 1. Establish baseline<br>2. With HRRT increase %                  | 1. ---<br>2. % increase to 61%                                  | 1. ---<br>2. % increase to 65%                                  | 1. Currently funded TH projects through APR data<br>2. GVPCCC Chronic Homeless   |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
|  | existing TH projects; and coordinate needed support services (case management, access to mainstream benefits and essential services, education, childcare, employment, special needs support, follow-up, etc.) across participating community agencies to assist TH residents move to, and remain in, permanent housing.  | moving from TH to PH by 5%.   |   |   | Assessment Team/ Dee Schwartz   |
| 4. Increase percentage of homeless persons becoming employed by 11%. | <ol style="list-style-type: none"> <li>1. Establish baseline of persons in TH/PH funded projects currently employed.</li> <li>2. Develop tracking form for employed persons through HMIS.</li> <li>3. Create Ad Hoc committee of the Housing Resource Response Team; focusing on connections for employment; coordinates information on available jobs; and job training and retention programs; coordinates needed support services across participating community agencies to assist homeless in gaining and retaining employment.</li> </ol> | <ol style="list-style-type: none"> <li>1. Establish Baseline</li> <li>2. NA</li> <li>3.</li> </ol>  | <ol style="list-style-type: none"> <li>1. ---</li> <li>2. NA</li> <li>3.</li> </ol> | <ol style="list-style-type: none"> <li>1. ---</li> <li>2. NA</li> <li>3.</li> </ol> | <ol style="list-style-type: none"> <li>1. Currently funded TH/PH projects through APR data/ program records</li> <li>2. Planning Council /JoAnn Schutz</li> <li>3. CHAT/ VEC Dee Schwartz/Don Dair, Edgar Williams</li> </ol> |
| 5. Ensure that the CoC has a functional HMIS system.                 | <ol style="list-style-type: none"> <li>1. Implement current HMIS system with Planning Council Inc and participating agencies <ol style="list-style-type: none"> <li>a. develop operational protocols</li> <li>b. train service provider staffs</li> <li>c. coordinate HMIS w/ I&amp; R networks</li> <li>d. ensure monthly input is in compliance w/ protocols</li> </ol> </li> </ol>   | <ol style="list-style-type: none"> <li>1. July 1, 2006 – 5 agencies <ol style="list-style-type: none"> <li>a. adopt protocols</li> <li>a. formalize Monitoring Committee</li> <li>b. training schedule completed</li> <li>c. meetings w/ United Ways, First Call on participation &amp; funding</li> <li>d. monthly reporting form</li> <li>d. monthly agenda HMIS report &amp; review</li> </ol> </li> </ol> | 1. 10 agencies  | 1. 20 agencies  | 1. Planning Council Inc/ JoAnn Schutze  |

| <b>Other CoC Objectives in 2006</b>                                    |   |   |   |                                       |   |
|--|---|---|---|---------------------------------------|---|
| 1. Create permanent GVPCCC staff position                              | 1. Full-time CoC staff position.  | 1. a. Job Description Developed<br>b. Salary and benefits market study<br>c. Funding Sources identified | 1. Full-time position secured and hired | 1. Staff position and funding secured | 1. Ad hoc Committee, Stacie Walls-Beegle                |
| 2. Develop 10-year plan to address homelessness in GVPCCC service area | 1. Continued planning and implementation of strategies developed by GVPCCC and Mayors and Chairs Task Force | 1. establish 5 working groups on 5 Major Objectives<br>2. Complete and submit 10- year plan             | 2. 50% of plan will be complete         | 2. 100% of plan will be complete      | 1 and 2. Mayors and Chairs/ Joy Cipriano/ Joyce O'Brien |
| 3. Create Day Service Center   | 1. Define center components<br>2. Identify partners<br>3. Locate appropriate site<br>4. Secure funding      | Planning components completed   | Site secured and funding approved       | Totally operational measurable        | Task Force on Homelessness/ Joel Kirsch                 |

CoC-N

## O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. \*If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

| Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area   | Initial Discussion  | Protocol in Development   | Formal Protocol Finalized*  | Formal Protocol Implemented*  |
|--|---|---|---|---|
| Foster Care  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Health Care  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Mental Health  | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Corrections  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <p><b>Foster Care: Just Beginning</b><br/> DSS Offices staffs are attending Homeless Task Force and Youth Task Force and reviewing other protocols from other localities. Developing parameters for basis of protocols.</p>  |   |   |   |   |
| <p><b>Health Care: Working</b><br/> Discharge Planning staff in area hospitals and free clinics working with GVPCCC to establish region-wide protocol based upon protocols previously established with CANDII around HIV/AIDS discharges. Working with ACCESS partnership to develop more formalized approach to comprehensive health care access and referrals.<br/> Regional Free Clinic Coalition initiated by Lackey Free Clinic has begun attending GVPCCC with one objective to establish appropriate and formal information, admissions, and services protocols</p>   |   |   |   |   |
| <p><b>Mental Health: Implemented for Many Years</b><br/> Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) established discharge planning policy requiring all local Community Services Boards (CSB) to initiate discharge planning at point of individual admissions to state mental health facilities. Policies and procedures are outlined in state institutional policies and procedures manuals. CSB Case Managers are required to arrange non-shelter housing prior to discharge. GVPCCC member, the Hampton-Newport News CSB has two Case Managers permanently housed in regional state hospital and local medical centers to coordinate housing discharge. Housing placement is a required field in the individual discharge plans.</p> |   |   |   |   |
| <p><b>Corrections: Just Beginning</b><br/> Corrections staff just beginning involvement and participation in GVPCCC. Protocols are in very early stages of discussion, based upon activities of utilization of Ryan White Title I funds allocated to prerelease discharge planning and the Hampton-Newport News Community Services Board Jail-Based Case Management Services.</p>  |   |   |   |   |

CoC-O

## P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, 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 the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

| <b>Consolidated Plan Coordination</b>  | <b>YES</b>                          | <b>NO</b>                |
|--|-------------------------------------|--------------------------|
| a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Jurisdictional 10-year Plan Coordination</b>  |                                     |                          |
| a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s). <b>*8 jurisdictions participating in formal planning process</b>  | <b>8*</b>                           |                          |
| <b>Policy Academy* Coordination</b>  | <b>YES</b>                          | <b>NO</b>                |
| a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Public Housing Agency Coordination</b>  |                                     |                          |
| a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Coordination with State Education Agencies</b>  |                                     |                          |
| a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

\*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC-P

## CoC 2006 Funding Priorities

### Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

| HUD-defined CoC Name:* Newport News/Hampton/Virginia Peninsula CoC     |   |                         |                 |  |             | CoC #: VA-505                       |                |            |            |
|--|---|-------------------------|-----------------|--|-------------|-------------------------------------|----------------|------------|------------|
| (1)<br>SF-424<br>Applicant Name<br><br>(Please Remove<br>Examples)     | (2)<br>Project Sponsor<br>Name                | (3)<br>Project<br>Name  | (4)<br>Priority | (5)<br>Requested<br>Project<br>Amount<br>*** | (6)<br>Term | (7) Program and<br>Component Type** |                |            |            |
|  |   |                         |                 |  |             | SHP<br>New                          | SHP<br>Renewal | S+C<br>New | SRO<br>New |
| LINK of Hampton Roads, Inc.  | LINK of Hampton Roads, Inc.                   | CANLINK III             | 1               | 155,295                                      | 2           | PH                                  |                |            |            |
| The Planning Council, Inc.   | The Planning Council, Inc.                    | HMIS                    | 2               | 54,090                                       | 1           |                                     | HMIS           |            |            |
| CANDII, Inc.   | CANDII, Inc.                                  | CHAP Peninsula          | 3               | 265,640                                      | 1           |                                     | PH             |            |            |
| LINK of Hampton Roads, Inc.  | LINK of Hampton Roads, Inc.                   | CANLINK I               | 4               | 314,709                                      | 1           |                                     | PH             |            |            |
| Hampton-Newport News Community Services Board                          | Hampton-Newport News Community Services Board | Safe Harbors I          | 5               | 143,322                                      | 1           |                                     | SH-PH          |            |            |
| Transitions Family Violence Services                                   | Transitions Family Violence Services          | NEXT STEP               | 6               | 137,854                                      | 1           |                                     | TH             |            |            |
| Avalon: A Center for Women and Children                                | Avalon: A Center for Women and Children       | Transitional Apartments | 7               | 64,454                                       | 1           |                                     | TH             |            |            |
| <b>(8) Subtotal: Requested Amount for CoC Competitive Projects:***</b> |   |                         |                 | <b>\$ 1,135,364</b>                          |             |                                     |                |            |            |
| <b>(9) Shelter Plus Care Renewals:****</b>                             |   |                         |                 |  |             | <b>S+C Component Type**</b>         |                |            |            |
|  |   |                         | 7               |  | 1           |                                     |                |            |            |
|  |   |                         | 8               |  | 1           |                                     |                |            |            |
|  |   |                         | 9               |  | 1           |                                     |                |            |            |
| <b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>       |   |                         |                 | <b>\$0</b>                                   |             |                                     |                |            |            |
| <b>(11) Total CoC Requested Amount:</b>                                |   |                         |                 | <b>\$1,135,364</b>                           |             |                                     |                |            |            |

CoC-Q

\*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

\*\*Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

\*\*\*The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

\*\*\*\*For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

## R: CoC Pro Rata Need (PRN) Reallocation Chart

|   |                             |                           |                                      |                               |  |
|---|-----------------------------|---------------------------|--------------------------------------|-------------------------------|--|
| <b>1. Will your CoC be using the PRN reallocation process?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                             |                           |                                      |                               |  |
| <p>The GVPCCC found the Hold Harmless process challenging. Having some say in how Hold Harmless funds are re-allocated was great, but not having the discretion to allocate funds to well performing renewals – permanent or transitional - in addition to new housing projects was limiting.</p> <p>First we ensured that projects had current HUD contracts and worked collaboratively with Richmond HUD Field Office and completed budget verifications, resulting in the Hold Harmless amount. Projects are rated using specific criteria - CoC priorities, community needs, agency capacity, HUD expectations, outcomes, discharge planning and collaboration. The criteria are discussed and approved in the general, open Task Force meetings, posted on website and sent in weekly LISTSERV emails. Scores include: 1) GVPCCC Participation: applicants must attend 75% of the Task Force meetings and actively participated on a subcommittee of the Task Force. 2) Outcomes are evaluated - actual versus estimates. 3) Completion of benchmark objectives-the number of permanent housing placements or numbers in permanent housing staying over 6 months. 4) Agency capacity to operate - budgets and audits submitted. 5) Written reports from the Project Monitoring Team are reviewed. 6) Administration of grant - evidence of matching funds, leveraging, and responsiveness to recommendations made by the Project Monitoring Team.</p> <p>Following submissions of Letters of Intent to Apply for HUD funds, projects are notified whether they meet the threshold criteria. If not, they are given the option to petition for a waiver of a requirement. During the process, one renewing agency that did not meet threshold criteria was offered an opportunity to request a waiver, but decided not to pursue the waiver request. During the prioritization process, the Ranking and Review Committee identified the need for additional housing funds for the permanent housing project in addition to the Samaritan Initiative amount. Due to the effectiveness of the above activities, the project funds of the non-renewing agency were approved by the Ranking and Review Committee to be reallocated to the new permanent housing project. The prioritizations and recommendations were brought to a Task Force on Homelessness general meeting, discussed and voted upon, including the Hold Harmless reallocation amount.</p> |                             |                           |                                      |                               |  |
| <b>2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:</b>  |                             |                           |                                      | <i>Example:</i><br>\$530,000  | <b>\$1,019,969</b>                                 |
| <b>3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter remaining amount:</b>  |                             |                           |                                      | <i>Example:</i><br>\$390,000  | <b>\$980,069</b>                                   |
| <b>4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition</b>  |                             |                           |                                      |                               |  |
| <b>(1)<br/>Expiring Grants</b>  | <b>(2)<br/>Program Code</b> | <b>(3)<br/>Component</b>  | <b>(4)<br/>Annual Renewal Amount</b> | <b>(5)<br/>Reduced Amount</b> | <b>(6)<br/>Retained Amount from Existing Grant</b> |
| <i>VA36B505008</i>  | SHP                         | PH                        | \$39,900                             | \$39,900                      | \$0  |
| <b>(7) TOTAL:</b>   |                             |                           | <b>\$39,900</b>                      | <b>\$39,900</b>               | <b>0</b>   |
| <b>5. Newly Proposed Permanent Housing Projects in the 2006 Competition</b>   |                             |                           |                                      |                               |  |
| <b>(8)<br/>2006 Project Priority Number</b>   | <b>(9)<br/>Program Code</b> | <b>(10)<br/>Component</b> | <b>(11)<br/>Transferred Amounts</b>  |                               |  |
| <i>#1 –CANLINK III</i>  | SHP                         | PH                        | \$39,900                             |                               |  |
| <b>(12) TOTAL:</b>  |                             |                           | <b>\$39,900</b>                      |                               |  |

CoC-R

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### S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do *not* add any rows). Provide information *only* for contributions for which you have a *written commitment in hand at the time of application*.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

| Name of Continuum                           | Total Value of Written Commitment |
|---|-----------------------------------|
| <i>Example:</i> River County CoC            | \$10,253,000                      |
| Newport News/Hampton/Virginia Peninsula CoC | \$2,641,239                       |

CoC-S

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### T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

**T: CoC Current Funding and Renewal Projections**

| <b>Supportive Housing Program (SHP) Projects:</b> |  |                  |                     |                  |                  |                  |                  |                  |                  |                  |                  |
|---|--|------------------|---------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Type of Housing                                   | All SHP Funds Requested (Current Year) |                  | Renewal Projections |                  |                  |                  |                  |                  |                  |                  |                  |
|   | 2006                                   | 2007             | 2008                | 2009             | 2010             | 2011             | 2008             | 2009             | 2010             | 2011             |                  |
| Transitional Housing (TH)                         | 202,308                                | 202,308          | 202,308             | 202,308          | 202,308          | 202,308          | 202,308          | 202,308          | 202,308          | 202,308          | 202,308          |
| Safe Havens-TH                                    | 0                                      | 0                | 0                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |
| Permanent Housing (PH)                            | 735,644                                | 985,633          | 985,633             | 985,633          | 985,633          | 985,633          | 985,633          | 985,633          | 985,633          | 985,633          | 985,633          |
| Safe Havens-PH                                    | 143,322                                | 227,675          | 227,675             | 227,675          | 227,675          | 227,675          | 227,675          | 227,675          | 227,675          | 227,675          | 227,675          |
| SSO   | 0                                      | 0                | 0                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |
| HMIS  | 54,090                                 | 54,090           | 54,090              | 54,090           | 54,090           | 54,090           | 54,090           | 54,090           | 54,090           | 54,090           | 54,090           |
| <b>Totals</b>                                     | <b>1,135,364</b>                       | <b>1,471,713</b> | <b>1,471,714</b>    | <b>1,471,715</b> | <b>1,471,716</b> | <b>1,471,717</b> | <b>1,471,716</b> | <b>1,471,715</b> | <b>1,471,716</b> | <b>1,471,717</b> | <b>1,471,717</b> |

| <b>Shelter Plus Care (S+C) Projects:</b> |  |          |                     |                |      |      |          |      |          |      |          |
|--|--|----------|---------------------|----------------|------|------|----------|------|----------|------|----------|
| Number of Bedrooms                       | All S+C Funds Requested (Current Year) |          | Renewal Projections |                |      |      |          |      |          |      |          |
|  | 2006                                   | 2007     | 2008                | 2009           | 2010 | 2011 | 2008     | 2009 | 2010     | 2011 |          |
| 0  |  |          |                     |                |      |      |          |      |          |      |          |
| 1  |  |          |                     |                |      |      |          |      |          |      |          |
| 2  | 0                                      | 0        | 14                  | 241,920        |      |      | 0        |      | 0        |      | 0        |
| 3  |  |          |                     |                |      |      |          |      |          |      |          |
| 4  |  |          |                     |                |      |      |          |      |          |      |          |
| 5  |  |          |                     |                |      |      |          |      |          |      |          |
| <b>Totals</b>                            | <b>0</b>                               | <b>0</b> | <b>14</b>           | <b>241,920</b> |      |      | <b>0</b> |      | <b>0</b> |      | <b>0</b> |

## Part IV: CoC Performance

### U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

| Goals                                  | Action Steps   | Measurable Achievements  |
|--|--|--|
| <b>Chronic Homelessness Goals</b>      |  |  |
| Goal 1. Continuum of Housing Options   | 1. Study suitable models<br><br>2. Work w/ COC agencies on housing developments & timing<br><br>3. Review/update community priorities<br><br>4. Safe Harbors II development<br><br>5. Expand rural shelter opportunities | 1. Attended multiple workshops on national Housing First Programs<br>1. Site visits to Direct Access for Housing in San Francisco<br>1. Mayors and Chairs review of best practices for 10 year plan<br>2. Met w/ York County reps to assist w/ development of Natasha House<br>2. CANLINK II, previous years Samaritan Initiative became operational – 22 beds<br>2. Met w/ rural area providers on potential new development in 2007<br>3. Held joint community meeting w/ regional Mayors and Chairs on 10 year plan priorities<br>4. Received approval for expansion of Safe Harbors II – safe haven for chronically homeless mentally ill. To open July 1, 2006<br>5. Worked w/ faith communities to expand housing in James City County – expansion funds approved in budget by county government<br>5. Worked w/ faith community in York County to develop first homeless housing option in York |
| Goal 2. Accessible Supportive Services | 1. Day Service Center<br><br>2. Increase Outreach<br><br>3. Agreements w/ providers  | 1. Not yet created, but discussions are underway w/ regional Mayors and Chairs Commission to develop local government support<br>2. Expanded HIV testing to all shelters by CANDII<br>2. Expanded HNNCSB outreach to include overnight mental health counselors at PORT shelter<br>3. See 2 above for agreements<br>3. 9 Providers formed regional team  |

|   |   |   |
|---|---|---|
|   | 4. Establish regional services team   | <p>through an agreement and received training in SOAR (SSI/SSDI Outreach, Access and Recovery) project for expanded service delivery</p> <p>4. SOAR team established- 9 agencies – w/ expansion planned for FY07</p> <p>4. Established Resource Monitoring Team w/in COC as standing committee</p>  |
| Goal 3. Prevention Initiatives                  | <p>1. Youth Task Force collaboration</p> <p>2. Prevention presentations on best practices</p> <p>3. Initiate awareness to schools</p> | <p>1. Began discussions between Task Force on Homelessness and Youth Task Force</p> <p>1. Held regional conference on national best practices for serving youth</p> <p>2. Attended presentations on Healing Place (NC), Henepin County Rapid Exit, Housing First models</p> <p>2. HNNCSB Community Builders Network program asked to develop throughout state for prevention</p> <p>2. Full Circle and CANDII merged bringing expansion of HIV prevention &amp; homeless services to Peninsula to include single adults as well as women and children.</p> <p>3. Met w/ school homeless liaisons, NN liaisons began attending COC meetings</p> <p>3. LINK during PORT worked w/ schools to enhance attendance at schools of origin during periods of homelessness</p> |
| Goal 4. Financial Resources to Fund Initiatives | <p>1. VADHCD – for state localities</p> <p>2. Local Foundation funds</p> <p>3. Local public funds</p>                                 | <p>1. State mandated attendance at local COC meetings in order to obtain state homeless funding</p> <p>2. Bernardine Foundation held regional meetings to determine most appropriate use of \$150,000 homeless funds for local projects</p> <p>3. Worked w/ regional Mayors and Chairs Commission to discuss public financial support for homeless projects – one county added funds (\$30,000) to budget to expand shelter program</p> <p>One city added funding to support</p>  |

|   |   |   |
|---|---|---|
|   | 4. Develop funding strategies   | <p>overnight professional mental health staff to winter shelter program (\$45,000)</p> <p>4. Included goal in regional 10 year plan to end homelessness</p> <p>4. Initial review of best practices funding options in Mayors and Chairs Commission</p> <p>4. Attempted to submit SAMSHA grant for additional services – did not make submission deadline – working on next submission</p> <p>4. Held workshop on Veterans Per Diem grants</p>   |
| Goal 5. Understanding of Chronic Homelessness | <p>1. Regional 10 year plan</p> <p>2. Present plan to Council</p> <p>3. Identify forums for discussing plans</p>                      | <p>1. COC worked w/ localities to develop Mayors and Chairs Commission on Homelessness</p> <p>1. COC was staff to monthly meetings w/ Commission developing presentations to educate them on issues/projects/best practices @ homelessness</p> <p>2. COC helped draft Mayors and Chairs 10 Year Planning Process to Council 4/06, jointly presented findings, obtained input into process, obtained COC representation on all working groups</p> <p>3. Mayors &amp; Chairs Commission w/ COC representation became operational</p> <p>3. All 6 political jurisdictions approved planning process including COC as permanent seat on Commission</p> <p>3. Added education/ public information goal to 10 Year Plan</p> |
| <b>Other Homelessness Goals</b>               |   |   |
| 1. Expand Permanent Housing for Families      | <p>1. Monitor gaps and needs</p> <p>2. Identify number of units to meet need</p> <p>3. Develop &amp; prioritize permanent housing</p> | <p>1. On-going committee established to continuously monitor needs</p> <p>2. Annual survey of units – began to use HUDs Calculating Unmet Need report – in process</p> <p>3. Planning COC Strategic Planning Retreat to re-examine priorities and development requirements</p>  |

|  |  |   |
|--|--|---|
| 2. Implement COC HMIS                      | <ol style="list-style-type: none"> <li>1. Develop operational protocols</li> <li>2. Train provider staff</li> <li>3. Coordinate HMIS w/ Information and Referral networks</li> <li>4. Ensure monthly input into compliance w/ protocols</li> </ol> | <ol style="list-style-type: none"> <li>1. Met w/ agencies to review existing protocols</li> <li>1. Adopted protocols</li> <li>1. Established COC HMIS Monitoring Committee</li> <li>2. Training schedule established beginning June, 2006 w/ implementation set for July, 2006</li> <li>3. Held meetings w/ United Way Peninsula, First Call, and Greater Williamsburg United Way on participation and funding for HMIS</li> <li>4. Established COC HMIS Monitoring Committee</li> <li>4. Committee will receive monthly reports from HMIS provider</li> <li>4. Monthly Task Force meeting agenda includes HMIS review and quarterly compliance reports provided to Ranking and Review Committee</li> </ol> |
| 3. Shelter Referral Services Formalized    | <ol style="list-style-type: none"> <li>1. Review shelter service referrals</li> <li>2. Expand resources database</li> </ol>  | <ol style="list-style-type: none"> <li>1. Held meetings between I &amp; R staff and shelter providers</li> <li>1. Established shelter agreements w/ all shelters</li> <li>1. Provided data at Homeless Task Force meetings regarding all calls in region &amp; related statistics</li> <li>2. Completed forms for First Call to enhance data collection and referrals</li> <li>2. Created Health Resource DataBase by Health Task Force</li> <li>2. Held health workshop on available free clinics, dental and other health care resources</li> </ol>   |
| 4. Expand homeless services in rural areas | <ol style="list-style-type: none"> <li>1. Develop/ begin operating shelter for families in rural communities</li> </ol>  | <ol style="list-style-type: none"> <li>1. Worked w/ Williamsburg Homelessness Task Force to expand James City County &amp; Williamsburg shelters</li> <li>1. Worked w/ York County faith community to support establishment of Natasha House – groundbreaking for development 5/2006</li> </ol>   |

CoC-U

## V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

| Year  | (1)<br>Number of<br>CH Persons | (2)<br>Number of PH<br>beds for the<br>CH | (3)<br>New PH beds<br>for the CH<br>between<br>Feb. 1, 2005 –<br>Jan. 31, 2006 | (4) Identify the cost of the <u>new</u> CH beds<br>from each funding source |          |          |           |
|---|--------------------------------|---|--|---|----------|----------|-----------|
|   |                                |   |  | Public  |          |          | Private   |
|   |                                |   |  | Federal   | State    | Local    |           |
| 2004  | <i>Example:</i> 90             | 45  |  |   |          |          |           |
| 2005  | <i>Example:</i> 82             | 50  |  |   |          |          |           |
| 2006  | <i>Example:</i> 75             | 60  | 10   | \$15,480  | \$31,420 | \$40,350 | \$12,750  |
| 2004  | 299                            | 62  |  |   |          |          |           |
| 2005  | 361                            | 93  |  |   |          |          |           |
| 2006  | 378                            | 111                                       | 17   | \$249,989   | \$63,615 | \$0      | \$435,000 |
| (5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).   |                                |   |  |   |          |          |           |
| <ul style="list-style-type: none"> <li>▪ GVPCCC initiated trainings in 2004 increasing the awareness of the definition of chronic homelessness among all providers and increased requests for specific information, for example in 2006 point-in-time surveys, requesting information that would appropriately identify people as meeting the definition.</li> <li>▪ GVPCCC increased outreach during Point in Time to places not usually served by counters to determine numbers.</li> <li>▪ GVPCCC obtained cooperation from regional Sheriff's Offices which had not been received before 2006.</li> <li>▪ Area winter shelter providers are using improved data collection systems documenting histories of individuals, thereby proving that individuals meet chronic criteria.</li> </ul> |                                |   |  |   |          |          |           |

CoC-V

## W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

| 1. Participants in Permanent Housing  |   |              |
|---|---|--------------|
| HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart: |   |              |
| <input type="checkbox"/>  | No applicable PH renewals are on the CoC Project Priorities Chart   | APR<br>Data  |
| <input checked="" type="checkbox"/>   | All PH renewal projects with APRs submitted are included in calculating the responses below                                     |              |
| a.  | Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)   | <b>16</b>    |
| b.  | Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)   | <b>54</b>    |
| c.  | Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)  | <b>11</b>    |
| d.  | Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)                                       | <b>39</b>    |
| e.  | Percentage of all participants in PH projects staying 7 months or longer<br>(c. + d. divided by a. + b. multiplied by 100 = e.) | <b>71.4%</b> |
| 2. Participants in Transitional Housing (TH)  |   |              |
| HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.        |   |              |
| <input type="checkbox"/>  | No applicable TH renewals are on the CoC Project Priorities Chart   | APR<br>Data  |
| <input checked="" type="checkbox"/>   | All TH renewal projects with APRs submitted are included in calculating the responses below                                     |              |
| a.  | Number of participants who exited TH project(s)—including unknown destination   | <b>14</b>    |
| b.  | Number of participants who moved to PH  | <b>11</b>    |
| c.  | Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)                                | <b>78.6%</b> |

CoC-W

## X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.                   |
| <input checked="" type="checkbox"/> | <u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below. |

| (1)<br>Number of Adults<br>Who Left (Use same<br>number in each cell) | (2)<br>Income Source         | (3)<br>Number of Exiting<br>Adults with Each<br>Source of Income | (4)<br>Percent with<br>Income at Exit<br>(Col 3÷Col 1 x 100) |
|---|------------------------------|--|--|
| <i>Example:</i> 105   | a. SSI                       | 40   | 38.1%  |
| <i>Example:</i> 105   | b. SSDI                      | 35   | 33.3%  |
| <b>30</b>   | a. SSI                       | <b>9</b>   | <b>30.0%</b>   |
| <b>30</b>   | b. SSDI                      | <b>1</b>   | <b>3.3%</b>  |
| <b>30</b>   | c. Social Security           | <b>0</b>   | <b>0 %</b>   |
| <b>30</b>   | d. General Public Assistance | <b>1</b>   | <b>3.3%</b>  |
| <b>30</b>   | e. TANF                      | <b>9</b>   | <b>30.3%</b>   |
| <b>30</b>   | f. SCHIP                     | <b>0</b>   | <b>0%</b>  |
| <b>30</b>   | g. Veterans Benefits         | <b>1</b>   | <b>3.3%</b>  |
| <b>30</b>   | <b>h. Employment Income</b>  | <b>12</b>  | <b>40.0%</b>   |
| <b>30</b>   | i. Unemployment Benefits     | <b>1</b>   | <b>3.3%</b>  |
| <b>30</b>   | j. Veterans Health Care      | <b>1</b>   | <b>3.3%</b>  |
| <b>30</b>   | k. Medicaid                  | <b>12</b>  | <b>40.0%</b>   |
| <b>30</b>   | l. Food Stamps               | <b>17</b>  | <b>56.7%</b>   |
| <b>30</b>   | m. Other (please specify)    | <b>6</b>   | <b>20.0%</b>   |
| <b>30</b>   | n. No Financial Resources    | <b>4</b>   | <b>13.3%</b>   |

CoC-X

## Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons 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. Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

|   |  |
|---|--|
| Check those activities implemented by a <b>majority</b> of your CoC's homeless assistance providers (check all that apply): |  |
| <input checked="" type="checkbox"/>   | A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.   |
| <input checked="" type="checkbox"/>   | The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.  |
| <input checked="" type="checkbox"/>   | The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.   |
| <input checked="" type="checkbox"/>   | A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.   |
| <input checked="" type="checkbox"/>   | The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.   |
| <input type="checkbox"/>  | The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs. <b>Have specialized staff that do this but not JUST for homeless persons.</b>           |
| <input checked="" type="checkbox"/>   | A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.   |
| <input checked="" type="checkbox"/>   | A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.   |
| <input checked="" type="checkbox"/>   | The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services. **** GVPCCC member is currently the <b>Chairperson of the Virginia Interagency Council on Homelessness.</b> |

CoC-Y

## Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

| Project Number       | Applicant Name       | Project Name    | Grant Amount |
|----------------------|----------------------|-----------------|--------------|
| Example: MI23B901002 | Michiana Homes, Inc. | TH for Homeless | \$514,000    |
| NONE                 | NA                   | NA              | 0            |
|                      |                      | <b>Total:</b>   | 0            |

CoC-Z

### AA: CoC Participation in Energy Star Chart

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

Have you notified CoC members of the Energy Star initiative?  Yes  No

**Added HUD link to GVPCCC website, presented at CoC meeting**

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: unknown%

**\*\*\*\* individual appliances are purchased as needed and used in various projects**

CoC-AA

### AB: Section 3 Employment Policy Chart

|   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. <b>If you answered yes to Question 1:</b><br>Is the project requesting \$200,000 or more?  | <input type="checkbox"/> | <input type="checkbox"/>            |
| <p>3. <b>If you answered yes to Question 2:</b><br/>What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? <b>Check all that apply:</b></p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"*** in all solicitations and contracts.</p> |                          |                                     |
| <p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> 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; <u>or</u> 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.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>   |                          |                                     |

CoC-AB